

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025448

STATE FILE NUMBER 3530

FILED AUG 8 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3530

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Length of stay in lb 35 YEARS	d. STREET ADDRESS (If outside, give location) 6800 CHESTNUT AVE.
3. NAME OF DECEASED (Type or print) First Middle Last VINCENT K. Doldt			4. DATE OF DEATH Month Day Year July 19, 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 8 - 1903
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISPATCHER		9b. KIND OF BUSINESS OR INDUSTRY SOBANY OIL CO.	9c. AGE (In years last birthday) UNDER 1 YEAR IF UNDER 24 HRS. 55 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISPATCHER		10b. KIND OF BUSINESS OR INDUSTRY SOBANY OIL CO.	10c. BIRTHPLACE (City and state or country) COLORADO
11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY DOLDT		13b. MOTHER'S MAIDEN NAME AGNES FOARTY	
14. NAME OF HUSBAND OR WIFE Hilda Doldt		Address 6800 CHESTNUT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 083-05-4261	
17. INFORMANT MRS. Hilda Doldt - KANSAS CITY, MO.		Address 6800 CHESTNUT	
18. CAUSE OF DEATH (Enter only one cause of line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive C.V. disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obesity			INTERVAL BETWEEN ONSET AND DEATH 4 hours second year 4201 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 2-5-52 to 7-19-58 and last saw him alive on 7-19-58 Death occurred at 7:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank B. Leitz (Degree or title) M.A.		22b. ADDRESS 1530 Brush Creek	
22c. DATE SIGNED 7-21-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 22 1958	23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI		(State)	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 7-21-58	26. REGISTRAR'S SIGNATURE Neva Minshall

doctor, coroner, etc.; must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Frank B. Leitz



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Norman W. Hanson*

Licensed Embalmer No. *4889*

P. O. Address *21 C, 70*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.