

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001497

STATE FILE NUMBER

260

FILED JAN 28 1959

Registration District No. 149 Primary Registration District No. 1003 Registrar's No.

300  
-57

|  |                           |   |  |   |   |
|--|---------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON   |                           |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MISSOURI b. COUNTY JACKSON |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN KANSAS CITY   |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN KANSAS CITY  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 5516 E/MWOOD  |                           | Length of stay in lb<br>68 yrs.   | d. STREET ADDRESS (If outside, give location)<br>5516 E/MWOOD  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>FREDRICK LUDWICK Romi  |                           |   | 4. DATE OF DEATH<br>Month Day Year<br>JAN. 12-1959   |   |   |
| 5. SEX<br>MALE   | 6. COLOR OR RACE<br>WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>OCT. 8-1884  | 9. AGE (In years last birthday)<br>75 1/4                             | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retired Const. Worker   |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>FLINN CONST. Co.   | 11. BIRTHPLACE (City and state or country)<br>GERMANY  |   | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |
| 13a. FATHER'S NAME<br>FREDRICK Romi  |                           | 13b. MOTHER'S MAIDEN NAME<br>MINNIE DIETCH  |  | 14. NAME OF HUSBAND OR WIFE<br>ELIZABETH Romi                         |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, No or unknown) (If yes, give war or dates of service)<br>NO  |                           | 16. SOCIAL SECURITY NO.<br>496-09-4390A   | 17. INFORMANT<br>Address<br>Louis Romi-5516 E/MWOOD KANSAS CITY, Mo  |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Coronary Arteriosclerosis<br>DUE TO (b) Arteriosclerotic Heart Disease<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>45 |                           |   |  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour Month, Day, Year<br>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 _____ to _____ and last saw her/him alive on _____<br>Death occurred at 6:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.  |                           |   |  |   |   |
| 22a. SIGNATURE<br>(Degree or title)<br>D. W. Newcomers   |                           | 22b. ADDRESS<br>6627 Purdy's Ave  |  | 22c. DATE SIGNED<br>1-13-59   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>BURIAL  | 23b. DATE<br>JAN. 14-1959 | 23c. NAME OF CEMETERY OR CREMATORY<br>MEMORIAL PARK CEMETERY  |  | 23d. LOCATION (City, town, or county) (State)<br>KANSAS CITY MISSOURI |   |
| 24. FUNERAL DIRECTOR<br>D.W. Newcomers 7331 BRUSH AVE. S.W. KANSAS CITY, MO  |                           | 25. DATE RECD. BY LOCAL REG.<br>1-15-59   | 26. REGISTRAR'S SIGNATURE<br>Neva Marshall   |   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Geo. C. Kealhofer

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 *Kenneth W. Hoover* .....

Licensed Embalmer No. *4889* .....

P. O. Address *X. O., Mo.* .....

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.