ept. Health,
c., & Welfare
. S. Public
alth Service

V. S. 300
ev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020814
STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 93 Primary Registration District No. Registrar's No. 59-50

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lockwood Mo — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Memorial Hospital — Length of stay in 1b: 3 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas
b. COUNTY: Wyandott
c. CITY OR TOWN: Kansas City Kansas — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2901 Spring Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: George — Middle: Fredrick — Last: Offen

4. DATE OF DEATH: Month June, Day 29, Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: March 1 1896
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 3, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Insurance
10b. KIND OF BUSINESS OR INDUSTRY: RailRoad
11. BIRTHPLACE (City and state or country): Topeka Kans.
12. CITIZEN OF WHAT COUNTRY? usa

13a. FATHER'S NAME: Charles E Offen
13b. MOTHER'S MAIDEN NAME: Beatrice Offen
14. NAME OF HUSBAND OR WIFE: Katherine M Offen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-09-2528
17. INFORMANT: Katherine M Offen — Address: 2901 Spring Ave. K.C. Kans.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis — 5 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Embolus 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 6-25-59, to 6-29-59 and last saw him alive on 6-29-59
Death occurred at 9:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Lee A McNeel MD (Degree or title)
22b. ADDRESS: Greenfield Mo
22c. DATE SIGNED: 6-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: June 29 1959
23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope
23d. LOCATION (City, town, or county) (State): Kansas City Kansas

24. FUNERAL DIRECTOR: Allison Funeral Home — ADDRESS: Greenfield Mo.
25. DATE RECD. BY LOCAL REG.: 6/29/1959
26. REGISTRAR'S SIGNATURE: J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

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

Lee A. McNeel, Jr. MD

98-6

JUL 8 1959

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 W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield

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.