

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029246

FILED VS AUG 21 1959

Registration District No. 149 Primary Registration District No. 1202 Registrar's No. 3794 STATE FILE NUMBER

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,		Length of stay in 1b 10 yrs.		c. CITY OR TOWN Kansas City,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital K.C.Mo.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3421 Gillham Road		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Lenore Middle John Last Osterloh				4. DATE OF DEATH Month AUGUST Day 5 Year 1959							
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 NOV 13, 1912	9. AGE (last birthday) 46 YRS.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) HARTSBURG, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME FRANK F. OSTERLOH			13b. MOTHER'S MAIDEN NAME ALMA F. BUESCHER			14. NAME OF HUSBAND OR WIFE DOROTHY OSTERLOH					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address A. J. SCHULTZ 5731 LOCUST ST.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma (squamous cell) of esophagus over 3 months							INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Laennec's cirrhosis of liver						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <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 July 20, 1959 , to August 4, 1959 and last saw him alive on Aug. 4, 1959 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) A. Gene Peterson M.D.				22b. ADDRESS 411 Nichols Road K.C.Mo				22c. DATE SIGNED Aug 5, 1959			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE AUG 5, 1959	23c. NAME OF CEMETERY OR CREMATORY jefferson city, cem			23d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.					
24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS K. C. MO.				25. DATE RECD. BY LOCAL REG. 8-5-59		26. REGISTRAR'S SIGNATURE Debra Minshall					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF A. Gene Peterson

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed *R. Harold G. Cottrell*

Licensed Embalmer No. 3035

P. O. Address *201 G. Rd.*

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.