

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036325

FILED VS OCT 23 1959

149

Primary Registration District No. 1002

Registrar's No.

4903

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		a. STATE Missouri b. COUNTY Jackson		c. CITY OR TOWN Kansas City	
Length of stay in 1b 30 Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4933 Westwood Terrace		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First FRANK		Middle J		Last OSCHWALD		Month October Day 10 Year 1959	
5. SEX Male		6. COLOR OR RACE Cauc		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Mar 4, 1903	
9. AGE (last birthday) 56		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) Interior Decorator				10b. KIND OF BUSINESS OR INDUSTRY Decorator		11. BIRTHPLACE (City and state or country) Seppenhoven, Germany	
12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME Joseph Oschwald				13b. MOTHER'S MAIDEN NAME Agatha Burkhard		14. NAME OF HUSBAND OR WIFE Gertrude Oschwald	
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. 487-05-6517		17. INFORMANT Address Mrs Gertrude Oschwald, 4933 Westwood Terr	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardiac Tamponade							Sudden
DUE TO (b) Ruptured Aortic Aneurysm							12 hours
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none							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 checked="" type="checkbox"/> NO <input 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 10/10/59 to 10/10/59 and last saw her alive on 10/10/59 Death occurred at 7:26 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Morgan U. Stockwell M.D.				22b. ADDRESS 2500 Johnson Dr. KC3, Ks.		22c. DATE SIGNED 10/12/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct 14, 1959		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Mo	
24. FUNERAL DIRECTOR ADDRESS Muehlebach 6800 Troost				25. DATE RECD. BY LOCAL REG. 10-12-59		26. REGISTRAR'S SIGNATURE Oliver Marshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Morgan U. Stockwell

Dr. Stoddard
after 11:30 AM.
2500 Johnson Dr.

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 Warren R Ellis

Licensed Embalmer No. 5018

P. O. Address Mission Kan

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.