

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015269

FILED VS MAY 16 1960

149

2460

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

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) Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 30 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center		d. STREET ADDRESS (If outside, give location) 3840 Forest	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Frederick Middle J. Last Draut			4. DATE OF DEATH Month 5 Day 2 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-23-01	9. AGE (last birthday) 58	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE WORKER		10b. KIND OF BUSINESS OR INDUSTRY ST. JOSEPH MO.		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME NICHOLAS P DRAUT		13b. MOTHER'S MAIDEN NAME BERTHA BETTMER		14. NAME OF HUSBAND OR WIFE CARRIE E. DRAUT		
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. 496 07 4951		17. INFORMANT Address MARY WHITESELL 2814 SWIFT		

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 4 days
IMMEDIATE CAUSE (a) Cerebral thrombosis			
DUE TO (b) Generalized arteriosclerosis			
DUE TO (c) _____			2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acromegaly			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 _____			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
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.) _____		_____		

21. I attended the deceased from July 1959 to May 2, 1960 and last saw him alive on May 2, 1960
Death occurred at 6:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degrees or title) Walter Harvey Jacobs, M.D.		22b. ADDRESS 751 - E. 63rd St., K. C. 10, Mo		22c. DATE SIGNED 4/3/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE MAY 5, 1960	23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEM		23d. LOCATION (City, town, or county) (State) ST. JOSEPH MO.
24. FUNERAL DIRECTOR ADDRESS D W NEWCOMER'S SONS K. C. MO.		25. DATE RECD. BY LOCAL REG. 5-4-60		26. REGISTRAR'S SIGNATURE Helen Marshall	

DOCUMENT
BY AFFIDAVIT OF
Walter Harvey Jacobs MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Albert H. Savage

Licensed Embalmer No. 4812

P. O. Address Windsor

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.