

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-015297**

**FILED VS MAY 5 1960**

149

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. 2184

STATE FILE NUMBER

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>31 Yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>509 Knickerbocker Place</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>509 Knickerbocker Place</b>		
<b>3. NAME OF DECEASED</b> (Type or print) First <b>JOHN</b> Middle <b>C.</b> Last <b>FEHLANDT, SR.</b>			<b>4. DATE OF DEATH</b> Month <b>April</b> Day <b>19,</b> Year <b>1960</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>3-7-1893</b>	<b>9. AGE (last birthday)</b> <b>67</b>	IF UNDER 1 YEAR Months _____ Days _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Owner, Fehlandt Advertising</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Advertising</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Madison, Wisconsin</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U. S. A.</b>	
<b>13a. FATHER'S NAME</b> <b>John C. Fehlandt</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lizetta Hamm</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Amy M. Fehlandt</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. I</b>		<b>16. SOCIAL SECURITY NO.</b> <b>495-05-0304</b>	<b>17. INFORMANT</b> Address <b>Mrs. Amy M. Fehlandt Kansas City, Mo.</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b> DUE TO (b) <b>Coronary occlusion</b> DUE TO (c) <b>Atherosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>  <b>15 min.</b>  <b>6 yrs.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus</b>					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	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)		
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.	Month, Day, Year _____					
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20a. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	COUNTY _____	STATE _____	
<b>21. I attended the deceased from</b> <u>Sept 6, 1958</u> to <u>4-18-60</u> and last saw him alive on <u>4-18-60</u> Death occurred at <u>4:35</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <i>Charles L. Cooper M.D.</i>			<b>22b. ADDRESS</b> <b>1226 Aialto St.</b>		<b>22c. DATE SIGNED</b> <b>4-19-60</b>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>23b. DATE</b> <b>4-21-60</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Moriah Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) <b>Kansas City, Mo.</b>		
<b>24. FUNERAL DIRECTOR</b> <b>Freeman Mortuary Kansas City, Mo.</b>			<b>25. DATE RECD. BY LOCAL REG.</b> <b>4-19-60</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Irene Marshall</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

15-5  
J. P. Freeman

**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 J. P. Freeman

Licensed Embalmer No. 293

P. O. Address J. P. Freeman

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.