MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-029435

PARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4187

FILED AUG 31 1961

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 61 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph's Hospt.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1532 East 49 St. Ter.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ALMA Middle: FRANCES Last: LOEWE

4. DATE OF DEATH: Month: August Day: 21 Year: 1961

5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-15-94
9. AGE (last birthday): 67 years
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Germany
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Max R. Keilhack
13b. MOTHER'S MAIDEN NAME: Selma W. Schlettner
14. NAME OF HUSBAND OR WIFE: Herman W. Loewe

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.: none
17. INFORMANT: Herman W. Loewe Address: K.C. Mo.

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): multiple myeloma — INTERVAL BETWEEN ONSET AND DEATH: 8 mo.
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 3/28/61, to 8/21/61 and last saw her alive on 8/21/61
Death occurred at 11:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Graham J. Geha (Degree or title) MD
22b. ADDRESS: 751 E 63rd St
22c. DATE SIGNED: 8/22/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-23-1961
23c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR: WAGNER FUNERAL HOME, K.C. MO.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 8-22-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Graham J. Geha

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 Phillip L. Smith, Student Embalmer No._____

working under my personal supervision.

Student Phillip L. Smith
Signature of Student Embalmer

Signed Alvin R. Hauenstein

Licensed Embalmer No. 4159

P. O. Address K. C. Mo

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.