

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033041

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

149 Primary Registration District No. 6002 Registrar's No. 4814

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS KELUKE ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDED

Registration District No. 149
FILED OCT 11 1961

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Anderson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in lb 13 days | c. CITY OR TOWN Greeley |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Gen Del. |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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|---|--------|------|---|-----|------|
| 3. NAME OF DECEASED (Type or print) FRANK JAMES OHMES | | | 4. DATE OF DEATH Sept. 26, 1961 | | |
| First | Middle | Last | Month | Day | Year |

| | | | | | | |
|--------------------|------------------------------|---|--------------------------------------|-------------------------------------|---|------------------------------|
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-14-1888 | 9. AGE (last birthday) 73 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
|--------------------|------------------------------|---|--------------------------------------|-------------------------------------|---|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer | 10b. KIND OF BUSINESS OR INDUSTRY Pipe Line Co. | 11. BIRTHPLACE (City and state or country) St. Peters, Mo. | 12. CITIZEN OF WHAT COUNTRY USA |
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|---|---|--|
| 13a. FATHER'S NAME Frank A. Ohmes | 13b. MOTHER'S MAIDEN NAME Helen Schwendeman | 14. NAME OF HUSBAND OR WIFE Nellie Ohmes |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I | 16. SOCIAL SECURITY NO. --- | 17. INFORMANT Mrs. Nellie Ohmes Greeley, Ks. |
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| 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 34 hrs. |
| IMMEDIATE CAUSE (a) Pulmonary embolism | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Fracture femur | |
| | DUE TO (c) Pagets disease | |

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| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) Fell while hunting |
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|--|---|--|--|-------------------------|-------|
| 20c. TIME OF INJURY Hour a.m. p.m. 9-12-61 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Greeley | COUNTY Kansas | STATE |
|--|---|--|--|-------------------------|-------|

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| 21. I attended the deceased from 9-19-61 to 9-26-61 and last saw her/him alive on 9-25-61 | |
| Death occurred at 9:45 AM 9-26-61 on the date stated above, and to the best of my knowledge, from the causes stated. | |

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| 22a. SIGNATURE (Degree or title) Robert M. Drisko | 22b. ADDRESS 4620 NICHOLS PRWY KANSAS CITY 12, Mo | 22c. DATE SIGNED 9-26-61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 9-28-1961 | 23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery | 23d. LOCATION (City, town, or county) (State) Greeley, Kansas |
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|---|-----------------------------------|--|---|
| 24. FUNERAL DIRECTOR E. Paul Amos | ADDRESS Shawnee, Kansas | 25. DATE RECD. BY LOCAL REG. 9-27-61 | 26. REGISTRAR'S SIGNATURE Ruth Long |
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Robert M. Drisko

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

Eugene P. Amos
Eugene P. Amos

Licensed Embalmer No. 5023

P. O. Address Shawnee, Kansas

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.