

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037021

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4945

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 19 1961

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 8 MONTHS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1310 EAST ARMOUR BLVD. ELMS NURSING HOME		d. STREET ADDRESS (If outside, give location) 5428 HIGHLAND AVENUE	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last OLA MAY KLOS			4. DATE OF DEATH Month Day Year OCTOBER 3 1961			
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/24/75	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days	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) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) GENTRY COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME JOB BREWER	13b. MOTHER'S MAIDEN NAME SARAH BENDER	14. NAME OF HUSBAND OF WIFE ERN KLOS
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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) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT MARY ALICE SEIDEL	Address 5428 HIGHLAND AVE KANSAS CITY, MO.
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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
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IMMEDIATE CAUSE (a) *Chronic Arteriosclerotic & hypertensive heart disease*
 DUE TO (b) *Several past coronary thromboses*
 DUE TO (c) *Hypertension + Arteriosclerosis*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Central arteriosclerosis, hypertension</i>		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 type="checkbox"/> NO <input checked="" 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.) <i>None</i>
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20c. TIME OF INJURY Hour a.m. p.m. <i>None</i>	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.) <i>None</i>	20f. CITY, TOWN, OR LOCATION KANSAS CITY	STATE MISSOURI
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21. I attended the deceased from <u>7-18-61</u> to <u>10-3-61</u> and last saw her/him alive on <u>9-30-61</u> Death occurred at <u>9:25 A.</u> m on the date stated above, and to the best of my knowledge, from the cause stated.
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22a. SIGNATURE (Degree or title) <i>Harvey Jennett M.D.</i>	22b. ADDRESS <i>1500 Professional Bldg Kansas City Mo</i>	22c. DATE SIGNED <i>10/3/61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/6/1961	23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	23d. LOCATION (City, town, or county) Kansas City Missouri
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24. FUNERAL DIRECTOR D.W. NEWCOMER; S SONS	ADDRESS 1331 BRUSH CR. KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 10-5-61	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
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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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 110

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.