No. 300
10-48

FILED JAN 13 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

40586

State File No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5420

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 5831 Harrison

**3. NAME OF DECEASED** (Type or Print)
a. (First): Paul
b. (Middle):
c. (Last): Bockshammer Jr.

**4. DATE OF DEATH** (Month) Dec. (Day) 23 (Year) 1950

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: March 1 1889
**9. AGE** (In years last birthday): 61 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Supt.
**10b. KIND OF BUSINESS OR INDUSTRY**: Plumbing
**11. BIRTHPLACE** (State or foreign country): Kansas City Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U S
**13a. FATHER'S NAME**: Paul Bockshammer Sr.
**13b. MOTHER'S MAIDEN NAME**: Elizabeth Haman
**14. NAME OF HUSBAND OR WIFE**: Myrtle Bockshammer
**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.**: 495-03-0346
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Myrtle Bockshammer — ADDRESS: K C Mo.

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 da

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension
DUE TO (c) Nephritis

II. OTHER SIGNIFICANT CONDITIONS*
*Conditions contributing to the death but not related to the disease or condition causing death.*

595 X

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Dec 21, 1950, *to* Dec 23, 1950, *that I last saw the deceased alive on* 12/23, 1950, *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: H. C. Trippe (Degree or title): MD
**23b. ADDRESS**: 1014 Argyle Bldg
**23c. DATE SIGNED**: 12/25/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Dec 26 1950
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Washington
**24d. LOCATION** (City, town, or county) (State): Kansas City Mo.

DATE REC'D BY LOCAL REG.: 12-26-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE**: Wagner Funeral Home — ADDRESS: K C Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wagner Funeral Home Va 4559

## 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.....

working under my personal supervision.

Student Embalmer No.....

Signed Alvin R. Haunschild

Signed.....
Student Embalmer

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 wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**