

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16445

1904

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS 3542 Wayne			
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital				d. STREET ADDRESS 3542 Wayne					
3. NAME OF DECEASED (Type or Print) MAUD			a. (First) ELIZABETH		c. (Last) BURGENBAUCH		4. DATE OF DEATH (Month) (Day) (Year) May 3, 1951		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 5, 1886		9. AGE (In years last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Kansas City, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Daniel V. Kerns			13b. MOTHER'S MAIDEN NAME Mary Ecels			14. NAME OF HUSBAND OR WIFE Henry Burgenbauch			
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. No		17. INFORMANT'S SIGNATURE OR NAME Mr. Henry Burgenbauch, 3542 Wayne, K.C., Mo.			ADDRESS _____	
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 4-28-53	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				II. OTHER SIGNIFICANT CONDITIONS				331 X	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES					
DUE TO (b) Hypertension				DUE TO (c) Diabetes mellitus					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>12-9, 1949</u> , to <u>May 3, 1951</u> , that I last saw the deceased alive on <u>May 3, 1951</u> , and that death occurred at <u>11 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE Mary C. Cortner (Degree or title) M.D.				23b. ADDRESS 3500 Troost, K.C., Mo.				23c. DATE SIGNED 5-4-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/5/51		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG 5-4-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Missouri					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Mary Q. Cantor
\$100 Trust
Va. 8699

App. 2:00

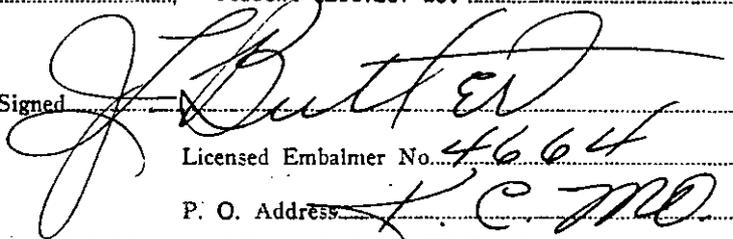
STATEMENT BY LICENSED EMBALMER

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.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 4664

P. O. Address K C MD

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