

FILED SEP 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27095
3495

BIRTH NO. 42527-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY <u>Jackson Co. 0</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo</u> c. LENGTH OF STAY (In this place) <u>21:30 2nd</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Children's Mercy Hosp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson Co.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo</u> d. STREET ADDRESS (If rural, give location) <u>3746 Park 350</u>	
3. NAME OF DECEASED a. (First) <u>John Wm.</u> b. (Middle) <u>Musolf</u> c. (Last) <u>John Wm. Musolf</u> (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <u>8 14 1951</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Balans</u>	8. DATE OF BIRTH <u>6-10-51</u>
9. AGE (In years last birthday) <u>2</u> 10. MONTHS <u>4</u> 11. DAYS <u>4</u>	12. BIRTHPLACE (State or foreign country) <u>St. Joseph Hosp. K.C. Mo</u>		13. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph Hosp. K.C. Mo</u>
13a. FATHER'S NAME <u>Edward Musolf</u>		13b. MOTHER'S MAIDEN NAME <u>Zenovia Thomas</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Zenovia Musolf</u>	
18. ADDRESS <u>3746 Park K.C. Mo</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>491X</u>	
MEDICAL CERTIFICATION			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis + Pneumonia Bronchial</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS 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 checked="" 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) (Min.)		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>Pathologist</u> to _____ , 19 _____ , that I last saw the deceased <u>alive on</u> _____ , 19 _____ , and that death occurred at <u>3:45 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Richard C. Schaffer</u> (Degree or title)		23b. ADDRESS <u>St. Luke's Hosp</u>	
23c. DATE SIGNED <u>8-14-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>August 16, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILKS FUNERAL HOME</u>	
25. ADDRESS <u>2315 Linwood K.C. 3 Mo</u>		DATE REC'D BY LOCAL REG. <u>8-15-51</u>	
REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILKS FUNERAL HOME</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} ~~was~~ embalmed by me, or by _____

Not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed *Chad E. Wilks*

Signed.....
Student Embalmer

Licensed Embalmer No. *2644*

P. O. Address *Kansas City 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 this body is not embalmed, fact should be so stated above.