

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **8534**
 Registrar's No. **1443**

FILED APR 5 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 409 N. DENVER		d. STREET ADDRESS (If rural, give location) 409 N. DENVER	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) _____ c. (Last) REX			4. DATE OF DEATH (Month) (Day) (Year) 3 - 27 - 52		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 6-16-53	9. AGE (In years last birthday) 9998 If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Mins _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) INDIANA	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME DONALD C. REX		13b. MOTHER'S MAIDEN NAME MARTHA LEE		14. NAME OF HUSBAND OR WIFE SARAH ELLA REX	
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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. 495-24-3602		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY HANEY 409 N. DENVER	
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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) Acute Subarachnoid Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Colon		DUE TO (c) Coronary Sclerosis		unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Atherosclerosis				unknown	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 9-22, 1951, to 3-27, 1952, that I last saw the deceased alive on 3-26, 1952, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE P. A. Kienberger MD (Degree or title)		23b. ADDRESS 5242 N. Volz		23c. DATE SIGNED 3-28-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-29-52		24c. NAME OF CEMETERY OR CREMATORY CHANUTE, KANSAS	
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DATE REC'D BY LOCAL REG. 3-28-52		REGISTRAR'S SIGNATURE Stearldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE KANSAS CITY, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Heinbockel
5-2-11
J. J. Jones
1-30 P.M.

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
Student Embalmer

Signed F. A. Walton

Licensed Embalmer No. 2744

P. O. Address H. C. Jones

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.