

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42458**

FILED JAN 3 1953
BIRTH NO. **69410** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5448**

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 town) Kansas City		c. LENGTH OF STAY (in this place) 1 hr	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital.		c. CITY (If outside corporate limits, write RURAL and give township) Independence	
3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Evans c. (Last) Treffer		4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 3, 1952
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 2 Days 7	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Kansas City, Missouri.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frederick A. Treffer	
13b. MOTHER'S MAIDEN NAME Jane Evans.		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) No.		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Dr Frederick A. Treffer, Indep. Mo.		ADDRESS -----	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of left lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac hypertrophy with pericardial effusion DUE TO (c) Interventricular septal defect	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH Unknown 2 Mo. + 7 days 7542	
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 Nov. 15, 1952 to Dec. 10, 1952 , that I last saw the deceased alive on Dec. 10, 1952 , and that death occurred at 2:55 PM , from the causes and on the date stated above.			
23a. SIGNATURE Milton S. Steinberg (Degree or title)		23b. ADDRESS D.O. DO 926 S. 11 St., K.C. Mo.	
23c. DATE SIGNED 12-10-52		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec. 12, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.	
24d. LOCATION (City, town, or county) (State) Jackson County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Nelson L. Kefley	
DATE REC'D BY LOCAL REG. 12-12-52		REGISTRAR'S SIGNATURE Gerald Smith	
25. ADDRESS Indep. Mo.		25. ADDRESS Indep. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Dillon L. Kelsey

Licensed Embalmer No. 4225

P. O. Address _____

Indep. 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.