

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27441

State File No.

3486

 BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3486

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LARRY</u>		b. (Middle) <u>L.</u>	c. (Last) <u>KLINE</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>7 17 54</u>		5. SEX <u>Ma</u>	
6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>10-27-1899</u>		9. AGE (In years last birthday) <u>54</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner-Parts Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Radiator.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Higginville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Peter Kline</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Fritz</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Margaret Kline</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY (If you give war or dates of service) <u>495-10-0388</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Margaret Kline, 1624 Madison</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Generalized Carcinomatosis</u> 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"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2 da</u> <u>1 mo.</u> <u>2 years</u> <u>490X</u>	
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>7-16</u> , 19 <u>54</u> , to <u>7-17</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-17</u> , 19 <u>54</u> , and that death occurred at <u>10:00</u> <u>AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles E. Lee MD</u>		23b. ADDRESS <u>174 Plaza Suite Bldg KCMO</u>	
23c. DATE SIGNED <u>7-19-54</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-21-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Heraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wagner Funeral Home, K.C. Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-19-54</u>		RESISTRAR'S SIGNATURE <u>Heraldine Smith</u>	

 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 Chester E. Lee MD

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.....
Signature of Student Embalmer

Signed *Alvin R. Haunsch*.....

Licensed Embalmer No. *412*

P. O. Address *K. E. V.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.