

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19034

State File No. _____

2310

BIRTH NO. 36520-45 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 CLAY	
b. CITY (If outside corporate limits, write RURAL and give town or township) TOWNKA NSAS CITY MO.		c. LENGTH OF STAY (in this place) 3 Days		c. CITY OR TOWN KANSAS CITY NORTH.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		STREET ADDRESS (If rural, give location) 1018 4327 N. CAMPBELL		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) MARY			b. (Middle) ELAINE			c. (Last) WERNER			4. DATE OF DEATH (Month) (Day) (Year) MAY 27, 1955			
5. SEX Fe		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT 0		8. DATE OF BIRTH MAY 24, 1955			9. AGE (In years last birthday) IF UNDER 1 YEAR 2 Days 3		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MO		12. CITIZEN OF WHAT COUNTRY? U. S.		

13a. FATHER'S NAME THOMAS D. WERNER		13b. MOTHER'S MAIDEN NAME DOROTHY KANABEL		14. NAME OF HUSBAND OR WIFE NONE	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME THOMAS D. WERNER, 4327 N. CAMPBELL, K.C. MO		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital deformity of heart.				7544	
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Congenital					
		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"/>	
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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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 24, 1955, to 5-27, 1955, that I last saw the deceased alive on 5-27, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Robert C. Buckner (Degree or title) M.D.		23b. ADDRESS 329 E. Armer Rd No KCMo		23c. DATE SIGNED 28 May 1955	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 28, 1955		24c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL CEMETERY		24d. LOCATION (City, town, or county) (State) CLAY COUNTY, MISSOURI.	
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DATE REC'D BY LOCAL REG. 5-28-55		REGISTRAR'S SIGNATURE Meva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMERS, NORTH K.C. MO.		ADDRESS	
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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.....
Signature of Student Embalmer

Signed.....

John W. Kalsbeek

Licensed Embalmer No. *49*...

P. O. Address *No. 2 Kans*

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.