

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22081**  
**3168**

|   |  |  |  |   |
|---|--|--|--|---|
| BIRTH NO.   |  | REG. DIST. NO. <b>149</b>  | PRIMARY REG. DIST. NO. <b>1002</b>   | Registrar's No.   |
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACINSON</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACINSON</b>   |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>KANSAS CITY</b>  | c. LENGTH OF STAY (in this place)<br><b>37 YEARS</b> | c. CITY OR TOWN<br><b>KANSAS CITY</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>TRINITY LUTHERAN HOSPITAL</b>   |  | e. STREET ADDRESS (If rural, give location)<br><b>2340 EAST GREGORY BLVD</b>   |  |   |
| 3. NAME OF DECEASED<br>a. (First) <b>JOHN</b>   |  | b. (Middle) <b>RAYMOND</b>   | c. (Last) <b>DECK</b>  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>JULY 23-1955</b>  |
| 5. SEX <b>MALE</b>  | 6. COLOR OR RACE <b>WHITE</b>                        | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>   | 8. DATE OF BIRTH<br><b>JULY 20-1900</b>  | 9. AGE (In years last birthday) <b>55</b><br>IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during 5 years or longer, even if retired)<br><b>ASST. TRAFFIC MANAGER LIGHT COMPANY BOONVILLE MO 63504RI</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>E. E. BROWN INDUSTRY</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>U. S. A.</b>                                  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |  |  |  |   |
| 13a. FATHER'S NAME<br><b>JACOB DECK</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>ANNIE FESSLER</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>MRS STELLA L. DECK</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |  | 16. SOCIAL SECURITY NO.<br><b>487-01-0872</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>MRS STELLA L. DECK 2240 E GREGORY</b>                       |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myopericardium</b><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>Myocardial Infarction 3 wks</b><br>DUE TO (c) <b>Acute Coronary Occlusion 3 wks</b><br><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>4201</b>   |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>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)   |  | 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 <b>July 1</b> , 1955, to <b>July 23</b> , 1955, that I last saw the deceased alive on <b>July 23</b> , 1955, and that death occurred at <b>10:40 Am.</b> , from the causes and on the date stated above. |  |  |  |   |
| 23a. SIGNATURE<br><b>Carl H. Brust</b>  |  | (Degree or title) <b>MD</b>  |  | 23b. ADDRESS<br><b>106 W 14th St K.C. Mo</b>  |
| 23c. DATE SIGNED<br><b>7-25-55</b>  |  |  |  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |  | 24b. DATE<br><b>JULY-26-1955</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>FOREST HILL CEMETRY</b>                                    |
| 24d. LOCATION (City, town, or county) (State)<br><b>KANSAS CITY, MISSOURI</b>   |  |  |  |   |
| DATE REC'D BY LOCAL REG.<br><b>7-26-55</b>  |  | REGISTRAR'S SIGNATURE<br><b>Nevo Minahall</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>D. W. Newcomer's Sons 1321 Brook Camb Kansas City, MO</b>    |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Carl H. Brust

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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 *Basil V. Honey*.....

Licensed Embalmer No. *472*

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