

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 27 1956

State File No. **80676**
3897

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas				b. COUNTY Wyandotte	
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY IN THIS PLACE 3 DOA		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA Trinity Lutheran Hospt.				STREET ADDRESS (If rural, give location) 1035 Argentine Blvd					
3. NAME OF DECEASED (Type or Print) a. (First) Arthur			b. (Middle) B.		c. (Last) Ebener		4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 10, 1899		9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 1 WRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance & Real Estate		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME August Ebener			13b. MOTHER'S MAIDEN NAME Dora Frank		14. NAME OF HUSBAND OR WIFE Mary B. Ebener				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. W.W. 1. 048-16-6501		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary B. Ebener (Wife) KCK					
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					INTERVAL BETWEEN ONSET AND DEATH 10 months 1 year 4201		
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) us		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) NO		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 Aug 15, 1956 , to Sept 5, 1956 , that I last saw the deceased alive on Sept 5, 1956 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) M. B. Casebolt MD				23b. ADDRESS 4000 Baltimore E No		23c. DATE SIGNED 9/5/56			
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE Sept. 5 1956	24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas				
DATE REC'D BY LOCAL REG. 9-5-56		REGISTRAR'S SIGNATURE Nevar Minsall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simmons Funeral Home KCK					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
M. B. Casebolt

2750

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 *Donan K. James*

Licensed Embalmer No. *4878*

P. O. Address *K. E. 17*

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.