

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

44718
5702

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Research Hosp Inc</i>		Length of stay in <i>9</i>	d. STREET ADDRESS <i>523 Grand</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Alfred</i> Middle <i>W.</i> Last <i>Sauntry</i>		4. DATE OF DEATH Month <i>12</i> Day <i>25</i> Year <i>56</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 9 <i>unk.</i> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>8-7-1898</i>
9. AGE (In years last birthday) <i>58</i>		IF UNDER 1 YEAR Months <i>9</i> Days <i>unk.</i> Hours <i>unk.</i> Min. <i>unk.</i>	IF UNDER 24 HRS. Hours <i>unk.</i> Min. <i>unk.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>unknown</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>unknown</i>
13. FATHER'S NAME <i>unknown</i>		12. CITIZEN OF WHAT COUNTRY? <i>unk.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>unk.</i>		16. SOCIAL SECURITY NO. <i>unk.</i>	
17. INFORMANT <i>Research Hosp KC Mo</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>chronic bronchial asthma</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>anoxia-cardiac failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>unk.</i> <i>years</i> <i>24 1/2</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <i>Dec 21-1956</i> and last saw her alive on <i>Dec 21-1956</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Herbert S. Valentine M.D.</i> (Degree or title)		22b. ADDRESS <i>1500 Superior St Kansas City Mo</i>	
22c. DATE SIGNED <i>1/20/56</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>12/29/56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary</i>	23d. LOCATION (City, town, or county) (State) <i>KCC Kane</i>
24. FUNERAL DIRECTOR <i>Peter P. Lapitana</i> ADDRESS <i>KC, mo. 12-31-56</i>	25. DATE RECD. BY LOCAL REG. <i>12-31-56</i>		26. REGISTRAR'S SIGNATURE <i>Reva Marshall</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Herbert S. Valentine

MEDICAL CERTIFICATION

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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(Licensed Embalmer's Statement on Reverse Side)

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 *Detlev B. Rogstad*.....

Licensed Embalmer No. *47*

P. O. Address *1007*

Note: The above ~~MUST BE SIGNED BY THE LICENSED EMBALMER~~ in his OWN HANDWRITING.
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.