

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Edward C. Teubel

FILED OCT 4 1957

STANDARD CERTIFICATE OF DEATH

31605 STATE FILE NUMBER

4291

Registration District No. 149 Primary Registration District 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 Jackson								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Mo.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF HOSPITAL OR INSTITUTION Newberry's Nursing Home				Length of stay in 160 52 yrs.		d. STREET ADDRESS 5501 Olive K.C.Mo.				(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First George Middle E. Last Banholzer						4. DATE OF DEATH Month Sept Day 14th Year 1957						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 24-1876		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer, Public Service				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) Warrensburg Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME VINZENZ BANHOLZER						14. MOTHER'S MAIDEN NAME unknown LOUISE PAULINE REITER						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 496-01-2875 A		17. INFORMANT Marie L. McNeill Phoenix, Arizona						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation Myocardial failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General Arteriosclerosis DUE TO (c) Hypertensive heart disease										INTERVAL BETWEEN ONSET AND DEATH 443+		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 10:15 Month, Day, Year												
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	
21. I attended the deceased from July 2, 1957 to Sept. 7, 1957 and last saw him alive on Sept 7, 1957 Death occurred at Sept 14, 1957 on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE Edward C. Teubel M.D.						22b. ADDRESS 4304 East K & M			22c. DATE SIGNED Sept 15, 1957			
23a. BURIAL CREMATION Burial		23b. DATE Sept 16-1957		23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery				23d. LOCATION (City, town, or county) (State) Warrensburg Missouri				
24. FUNERAL DIRECTOR Mrs. C.L. Forster Funeral Home, Inc. Kansas City Missouri					25. DATE RECD. BY LOCAL REG. 9-16-57		26. REGISTRAR'S SIGNATURE neva minshel					

(Licensed Embalmer's Statement on Reverse Side)

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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 *John W. Herrick*
Licensed Embalmer No. 40
P. O. Address *P. O.*

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.