

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021800

STATE FILE NUMBER

3070

FILED JUL 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

|  |                           |   |  |
|--|---------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MISSOURI b. COUNTY JACKSON                                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN KANSAS CITY   |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN KANSAS CITY  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 5310 CLEVELAND  |                           | Length of stay in 1b<br>5.0 YRS.  | d. STREET ADDRESS (If outside, give location)<br>5310 CLEVELAND              |
| 3. NAME OF DECEASED (Type or print)<br>First H Middle EMANUEL Last BECHTOLD  |                           |   | 4. DATE OF DEATH<br>Month JUNE Day 18 Year 1958                              |
| 5. SEX<br>MALE   | 6. COLOR OR RACE<br>WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>Nov 19, 1885   |
| 9. AGE (In years last birthday)<br>72  |                           | IF UNDER 1 YEAR<br>Months Days Hours Min.   | 12. CITIZEN OF WHAT COUNTRY?<br>U. S. A.                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>PHARMACIST RETIRED  |                           | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br>MARTHASVILLE, MISSOURI         |
| 13a. FATHER'S NAME<br>REV. CONRAD BECHTOLD   |                           | 13b. MOTHER'S MAIDEN NAME<br>THERESE PAULI  | 14. NAME OF HUSBAND OR WIFE<br>IDA HELEN BECHTOLD                            |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>NO  |                           | 16. SOCIAL SECURITY NO.<br>495-07-7554  | 17. INFORMANT<br>EMANUEL E. BECHTOLD 4638 KELSEY RD.                         |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Acute coronary thrombosis<br>DUE TO (b) Coronary Insufficiency<br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>4201 |                           |   | INTERVAL BETWEEN ONSET AND DEATH<br>6/18-58; 5:30 p.m.<br>sudden<br>3/15-58. |
| 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<br>Hour Month, Day, Year<br>a.m. p.m.  |                           | 20d. INJURY OCCURRED WHILE AT <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.)<br>3/15-58  |                           | 20f. CITY, TOWN, OR LOCATION COUNTY STATE<br>6-18-58 KANSAS CITY Mo.  |  |
| 21. I attended the deceased from 3/15-58 to 6-18-58 and last saw him alive on 6-18-58-9 AM<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.   |                           |   |  |
| 22a. SIGNATURE<br>A. Saladino (Degree or title)  |                           | 22b. ADDRESS<br>1040 Argyle Bldg  |  |
| 22c. DATE SIGNED<br>6-19-58  |                           |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>BURIAL  |                           | 23b. DATE<br>JUNE-20-1958   |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br>MT. MORIAH   |                           | 23d. LOCATION (City, town, or county) (State)<br>KANSAS CITY Mo.  |  |
| 24. FUNERAL DIRECTOR<br>D.W. NEWCOMER'S SONS   |                           | ADDRESS<br>N.C., Mo.  |  |
| 25. DATE RECD. BY LOCAL REG.<br>6-20-58  |                           | 26. REGISTRAR'S SIGNATURE<br>New Marshall   |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

A. Saladino



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 *Bern Lawler*

Licensed Embalmer No. *4915*

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.