

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044090

STATE FILE NUMBER

FILED DEC 18 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5540

300  
1-57

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 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN Length of stay in lb 69 years		d. STREET ADDRESS (If outside, give location) 7141 MONTGALL Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE M ERNST			4. DATE OF DEATH Month Day Year NOV. 23, 1958
5. SEX Male	6. COLOR OR RACE CAUC.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> * DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 6, 1889
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Abel Splicer	
11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI		12. CITIZEN OR WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE M. ERNST		13b. MOTHER'S MAIDEN NAME MARIE S. ABEL	
14. NAME OF HUSBAND OR WIFE MRS. MABEL ERNST		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. 486-10-7383A		17. INFORMANT MABEL ERNST 7141 MONTGALL	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis with Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Anaplastic Carcinoma Etiology DUE TO (c) Primary unknown. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 yr 10 mos (1948)
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1992	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK AT <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 Jan 1957 to Nov 23, 1958 and last saw her alive on Nov 23, 1958 Death occurred at 6:50 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Carl Lindquist M.D.		22b. ADDRESS 106 W 14th	
22c. DATE SIGNED 11/24-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE NOV. 26, 1958	
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		23d. LOCATION (City, town, or county) KANSAS CITY, MO. (State)	
24. FUNERAL DIRECTOR Muehlebach		25. DATE RECD. BY LOCAL REG. 11-24-58	
ADDRESS 6500 Troost		26. REGISTRAR'S SIGNATURE Neva Marshall	

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE Carl N. Lindquist

All diseases in Part I must be causally related.



Dr Lundquist  
 106 W. 4th  
 2100 - 2131 Mon.  
 St. 1-0060

JAN 20 1959

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 *P. E. Nichols* .....

Licensed Embalmer No. *4887* .....

P. O. Address *K. P. Md* .....

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.