

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23517
3155

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. LENGTH OF STAY (in this place) <u>12 YEARS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 86</u> | | FD 3 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EDGERTON KANSAS TO SILLUKES HOSPITAL</u> | | | | d. STREET ADDRESS (If rural, give location) <u>6445 MAIN STREET</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>THEODORE</u> | | b. (Middle) <u>R.</u> | | c. (Last) <u>MAICHEL SR.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JULY-19-1949</u> | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>FEB-18-1908</u> | |
| 9. AGE (In years last birthday) <u>41 YEARS</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CIVIL ENGINEER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>PANHANDLE EASTERN GAS</u> | | 11. BIRTHPLACE (State or foreign country) <u>OVERBROOK, KANSAS</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>HENRY MAICHEL</u> | | 13b. MOTHER'S MAIDEN NAME <u>LYDIA BLOCHER</u> | | 14. NAME OF HUSBAND OR WIFE <u>MRS. KATHERINE MAICHEL</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> | | 16. SOCIAL SECURITY NO. <u>515-01-2780</u> | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. KATHERINE MAICHEL 6445 MAIN STREET KANSAS CITY MO.</u> | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u> | | INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <p>ANCECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Crushing Injury of Chest & Abdomen</u></p> <p>DUE TO (c) <u>Auto Trauma pedestrian</u></p> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>Deputy Coroner E 8124</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hi Way</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Edgerton KS</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>7 19 49</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Hit By Car 136</u> | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:00 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>A.E. Upsher M.D.</u> | | | | 23b. ADDRESS <u>2800 main</u> | | 23c. DATE SIGNED <u>7/20/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>JULY 21 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> | |
| DATE REC'D BY LOCAL REG. <u>7-21-49</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holman</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>H. H. Newcomb 1331 BRUSH CREEK KANSAS CITY, MO.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 1 3 1949

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
Student Embalmer

Signed *D. D. Nofinger*

Licensed Embalmer No. 3938

P. O. Address Kansas City

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 this body is not embalmed, fact should be so stated above.

11-16-1