

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

3871

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3871</u>	
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>45 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>2904-BALES AVENUE</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN HOSPITAL</u>							
3. NAME OF DECEASED a. (First) <u>ANDREW</u> (Type or Print)			b. (Middle)		c. (Last) <u>MAIENSHEIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-6-1949</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>DEC-17-1888</u>		9. AGE (In years last birthday) <u>60 YEARS</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - 4 YEARS - GROCER OWNER FAIRYLAND HEIGHTS MARKET</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>EVANSVILLE, INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>UNKNOWN MAIENSHEIN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>MRS ADDIE MARY MAIENSHEIN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS ADDIE MARY MAIENSHEIN</u> ADDRESS <u>2904 BALES AVENUE KANSAS CITY MO.</u>			
18. DATE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Corning thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Today</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u>				4 yrs +	
		DUE TO (c) <u>Arterio sclerotic heart disease</u>				4 yrs	
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19b. MAJOR FINDINGS OF OPERATION						19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 3, 1949</u> , to <u>Sept 6, 1949</u> , that I last saw the deceased alive on <u>Sept 6, 1949</u> , and that death occurred at <u>11:25 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph E. Welker M.D.</u> (Degree or title)				23b. ADDRESS <u>836 Prof. Bldg.</u>		23c. DATE SIGNED <u>9/6/49</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 8-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>9-8-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.M. Newcomer</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>			

(Licensed Embalmer's Statement of Reverse Side)

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

SEP 28 1940

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 Doyle L Daniel
Licensed Embalmer No. 4702
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 this body is not embalmed, fact should be so stated above.