

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29778
Missouri

State File No. _____

FILED AUG 25 1951

BIRTH NO. _____ REG. DIST. NO. 3929 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3420

1. PLACE OF DEATH a. COUNTY <u>Clay</u> <u>0298</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, North</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0298</u> <u>Kansas City, North</u>	
c. LENGTH OF STAY (in this place) <u>32 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>6107 Vivian Rd. 9A</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6107 Vivian Rd</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Gustav</u>	b. (Middle) <u>Adolph</u>	c. (Last) <u>Hendle</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Aug 7 1951</u>
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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>12 Jan 1879</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat cutter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Butcher</u>	11. BIRTHPLACE (State or foreign country) <u>Wiesbaden, Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Leonhard Hendle</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Scheyerman</u>	14. NAME OF HUSBAND OR WIFE <u>Berta Rein Hendle</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>495-09-4090</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Berta Rein Hendle</u>	ADDRESS <u>home</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1951</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>O. S. Pate</u>	(Degree or title)	23b. ADDRESS <u>North Kansas City, Mo</u>	23c. DATE SIGNED <u>8/14/51</u>
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24a. BURIAL, CREMATION (Specify)	24b. DATE <u>9/7/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-9-51</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton Funeral Home</u>	ADDRESS <u>NKC</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

B-12

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

Harold L. Posson

Licensed Embalmer No.

3605

P. O. Address

Palixville, Wm

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.