

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44011**  
**5580**

FILED JAN 25 1952  
BIRTH NO. 44219 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 men</u>		d. STREET ADDRESS (If rural, give location) <u>626 GARFIELD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>626 GARFIELD</u>		d. STREET ADDRESS <u>626 GARFIELD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOETTA</u> b. (Middle) <u>KRISS</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>12-25-51</u>		
--	--	--	---	--	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>WH.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>5-15-1951</u>	9. AGE (In years last birthday) _____	10. UNDER 1 YEAR Months _____	11. UNDER 1 YEAR Days <u>7</u>	12. UNDER 1 YEAR Hours _____	13. UNDER 1 YEAR Min. _____
-----------------	-----------------------------	--	-----------------------------------	---------------------------------------	-------------------------------	--------------------------------	------------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Kansas City, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>Joseph T. Kriss</u>	13b. MOTHER'S MAIDEN NAME <u>Phyllis Nigro</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
---	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph T. Kriss</u> ADDRESS <u>626 Garfield</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3-4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Enteritis, acute (nec)</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.		5710	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. 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 5-16-, 1951, to 12-25-, 1951, that I last saw the deceased alive on 12-17-51, and that death occurred at 11A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest J. Glasscock, M.D.</u> (Degree or title)	23b. ADDRESS <u>Plaza Time Bldg.</u>	23c. DATE SIGNED <u>12-26-51</u>
---	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-26-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>12-26-51</u>	REGISTRAR'S SIGNATURE <u>Gereldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Prosperino Bros</u> ADDRESS <u>KC Mo</u>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Hassock*  
*Plaza Times Bldg.*

*Je 2758*

**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: *Francis S. Waeton* .....

Licensed Embalmer No. *2744* .....

P. O. Address *KC, 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.