

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9970

State File No. 1305

FILED MAR 27 1953

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>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>K.C. Mo.</u>		c. LENGTH OF STAY (In this place) <u>25 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C. T. B. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>548 Main 208</u>			
3. NAME OF DECEASED a. (First) <u>Carl</u> (Type or Print)			b. (Middle) <u>W.</u>		c. (Last) <u>Maier</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 27 1953</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>1891 Sept. 3 - 1920</u>		9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Community Chest</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City Kans</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles L. Maier</u>		13b. MOTHER'S M maiden name <u>Ann Parker</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>500-03-1528</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. B. F. Weinberg</u> ADDRESS <u>921 W. Parkway</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						002*	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>2-25</u> , 19 <u>53</u> , to <u>2-27</u> , 19 <u>53</u> that I last saw the deceased alive on <u>2-27</u> , 19 <u>53</u> and that death occurred at <u>11:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward P. Altomare</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>K.C. T. B. Hosp</u>		23c. DATE SIGNED <u>2-28-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Meriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kans. City Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-4-53</u>		REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Freeman Martiny</u>		ADDRESS <u>K.C. Mo</u>	

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. *75*

P. O. Address *V.C. 8, Me*

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.