

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24624

State File No. ....

FILED JUL 17 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3255

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>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>	c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospt</u>			e. STREET ADDRESS (If rural, give location) <u>608 Fuller</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCIA</u> b. (Middle) <u>-</u> c. (Last) <u>BAUNHOFER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 26 53</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>5/26/90</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHWITZ Bkwy</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Galena Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>WKN</u>		13b. MOTHER'S MAIDEN NAME <u>WKN</u>		14. NAME OF HUSBAND OR WIFE <u>Carl Baunhofer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>490-09-3820</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marcel Baunhofer K.C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction from 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. <u>obesity -</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>4201</u>
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) _____ m.		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>6-24</u> , 19 <u>53</u> , to <u>6-26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-26-53</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>E. N. Gentry</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>324 E 11 St K.C. Mo</u>		23c. DATE SIGNED <u>7-1-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6/29/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT WASHINGTON</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>		
DATE REC'D BY LOCAL REG. <u>6-27-53</u>	REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S. HELL'S K.C. MO</u>		

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

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**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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3625

P. O. Address 15c ma

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.