

89386
FILED DEC 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43085**
5826

BIRTH NO. _____ 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>Missouri</u> b. COUNTY <u>Clay</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, north 5⁰⁶ 1</u>	
c. LENGTH OF STAY (in this place) <u>1 day 4 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>1010 610 E 45th Terrace North</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Steven</u> b. (Middle) <u>Richard</u> c. (Last) <u>Mault</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-10-53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>12-8-1953</u>
9. AGE (In years last birthday) <u>-</u>	10. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
13a. FATHER'S NAME <u>William Mons Mault</u>		13b. MOTHER'S MAIDEN NAME <u>Winifred Power Phillips</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs William Mault</u>		ADDRESS <u>610 E. 45th Terr. 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, asthenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pending Autopsy</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES DUE TO (b) <u>Broncho-pneumonia</u>		<u>12-8-53</u>	
DUE TO (c) <u>due to aspiration of amniotic fluid</u>		<u>12-10-53</u>	
11. 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 checked="" 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>12-8</u> , 19 <u>53</u> , to <u>12-10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-10</u> , 19 <u>53</u> , and that death occurred at <u>3:45 am</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Bernard E. Mullins</u> (Degree or title) <u>M.D. MD</u>		23b. ADDRESS <u>1402 Supt St. W.K.C. Mo.</u>	
23c. DATE SIGNED <u>12-10-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 12-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel MC</u>	24d. LOCATION (City, town, or county) (State) <u>Clay Co. Missouri</u>
DATE REC'D BY LOCAL REG. <u>12-11-53</u>	REGISTRAR'S SIGNATURE <u>Hersheline Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Neumann</u> ADDRESS <u>John N. K. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James H. Hill*

Licensed Embalmer No. 4586

P. O. Address K. C. 16. 110

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.