

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4894
713

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>Missouri</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>58 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>Research Hospital</u>				STREET ADDRESS (If rural, give location) <u>4125 Main Street</u>							
3. NAME OF DECEASED (Type or Print) <u>CHRISTINE</u>			a. (First)		b. (Middle) <u>2</u>		c. (Last) <u>KAELIN</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 1955</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>May 11, 1896</u>			
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cashier, Putsch's 210</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT</u>			13a. FATHER'S NAME <u>Nels Jensen</u>		13b. MOTHER'S MAIDEN NAME <u>Anna M. Schmidt</u>			
13c. MOTHER'S MAIDEN NAME <u>Anna M. Schmidt</u>			14. NAME OF HUSBAND OR WIFE <u>Edward J. Kaelin</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-05-4941</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edwina M. Driggs</u>			ADDRESS <u>Houston, Texas</u>			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Glioma, Rt. Temporal lobe</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>			*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS <u>Bronchopneumonia</u>		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION <u>Ventriculogram - Mass rt. cerebral hemisphere</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			1937		
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) _____		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		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>1-27, 1955</u> to <u>2-15, 1955</u> , that I last saw the deceased alive on <u>2-15, 1955</u> , and that death occurred at <u>9:58 a.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Donald F. Coburn M.D.</u>				(Degree or title) _____				23b. ADDRESS <u>411 Nichols Pl. KC, Mo.</u>		23c. DATE SIGNED <u>2-5-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>2-18-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		DATE REC'D BY LOCAL REG. <u>2-16-55</u> REGISTRAR'S SIGNATURE <u>Neve Marshall</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Freeman Mortuary</u>				ADDRESS <u>Kansas City, 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clayton Barnes*.....

Licensed Embalmer No. *4793*.....

P. O. Address *F. C. M.*.....

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.