

FILED MAY 1 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11896**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1745</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: KANSAS b. COUNTY Wyandotte			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 1 week		c. CITY OR TOWN Kansas City		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 St. Joseph Hospital				STREET ADDRESS (If rural, give location) 2833 So. 37th St.			
3. NAME OF DECEASED (Type or Print) a. (First) Henry			b. (Middle) G.		c. (Last) Falk		4. DATE OF DEATH (Month) (Day) (Year) April 19, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 11-1905		9. AGE (In years last birthday) 49 yrs.	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boilermaker	10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.		11. BIRTHPLACE (City and State or Foreign Country) D Kansas City, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Anthony Falk			13b. MOTHER'S MAIDEN NAME Grace Schaumeier		14. NAME OF HUSBAND OR WIFE Catherine Falk		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 510-07-3785		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Catherine Falk--Wife			
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) Cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) pulmonary sclerotic DUE TO (c) peritonitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. dissection of					INTERVAL BETWEEN ONSET AND DEATH 4 days 3 days 6 days 57 1/2
19a. DATE OF OPERATION 4-17-55		19b. MAJOR FINDINGS OF OPERATION Heart & Colon fistula from ruptured Colon					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) (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 April 12 , 19 <u>55</u> to April 19 , 19 <u>55</u> , that I last saw the deceased alive on 4-19 , 19 <u>55</u> , and that death occurred at 2:54 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE John T. Skinner (Degree or title) MD				23b. ADDRESS 1102 Grand. K.C.Mo		23c. DATE SIGNED 4-19-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/21/55	24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 4-20-55		REGISTRAR'S SIGNATURE neva minshall			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Quirk & Tobin-20 W. Linwood, K.C.Mo.		

(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.....
Signature of Student Embalmer

Signed *Forrest D. Coldman*.....

Licensed Embalmer No. *4714*.....

P. O. Address *K. C. No*.....

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.