

THE DIVISION OF HEALTH OF MISSOURI
 FILED AUG 3 - 1955 STANDARD CERTIFICATE OF DEATH

22236
 State File No.
 3046

BIRTH NO. 8179 44 301-5.5 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 4200 East 9th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Maternity Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) PA TRICIA	c. (Last) KREMER	4. DATE OF DEATH (Month) (Day) (Year) 7 - 15 - 55
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 7-12-55	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 2	IF UNDER 1 HRS. Hours 0	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Andrew Leo Kremer	13b. MOTHER'S MAIDEN NAME Genevieve Marie Domann	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Andrew Kremer	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital malformation of the heart		ANTECEDENT CAUSES		7544
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7-12, 1955, to 7-15, 1955, that I last saw the deceased alive on 7-15, 1955, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE Luther W. Swift D.O.	23b. ADDRESS 2105 Independence Ave.	23c. DATE SIGNED 7 - 15 - 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 18, 55	24c. NAME OF CEMETERY OR CREMATORY MT Olivet	24d. LOCATION (City, town, or county) (State) KANSAS CITY MO
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DATE REC'D BY LOCAL REG. 7-17-55	REGISTRAR'S SIGNATURE Merna Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Sheil Funeral Home J.C. Co.	ADDRESS
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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.....

Thomas A. Sheel

Licensed Embalmer No.

4854

P. O. Address.....

H. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.