

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26421

State File No. \_\_\_\_\_

3591

FILED SEP 7 1955

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3591</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				USUAL RESIDENCE (Where deceased lived. If different residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LEASE OR STAY (If this place) <u>Life</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>Childrens Mercy Hospital</u>				STREET ADDRESS (If rural, give location) <u>5302 East 49th No. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ronald</u>		b. (Middle) <u>Gene</u>		c. (Last) <u>Probst</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-13-55</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>		8. DATE OF BIRTH <u>Jan. 28-1946</u>		9. AGE (In years last birthday) <u>9 yrs.</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Probst</u>			13b. MOTHER'S MAIDEN NAME <u>Alta Marie Hector</u>		14. NAME OF HUSBAND OR WIFE <u>Child</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MARINE STOCK 5302 E 49TH ST. N.</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC GLOMERULONEPHRITIS</u>  DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS <u>PLEURAL PERICARDIAL EFFUSIONS</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>PULMONARY EDEMA CONGESTION</u>					INTERVAL BETWEEN ONSET AND DEATH  <u>592X</u>
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)		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>5/24/55, 1955</u> , to <u>8/13/</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8/13</u> , 19 <u>55</u> , and that death occurred at <u>3:08 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wayne Hart</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Mercy Hospital</u>		23c. DATE SIGNED <u>Aug 13-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel M.S.</u>		24d. LOCATION (City, town, or county) (State) <u>Blau Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-15-55</u>		REGISTRAR'S SIGNATURE <u>Neval Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcomer Low N.K.C.</u>			

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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..... *Glenn A. Hill* .....

Licensed Embalmer No..... 450

P. O. Address..... K.C. 161

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.