

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9165

State File No. ....

1020

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>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>42 YEARS</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>4441 WABASH AVENUE</u>		e. STREET ADDRESS (If rural, give location) <u>4441 WABASH AVENUE 3636</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAUDE</u>		b. (Middle) <u>GERTRUDE</u>	
c. (Last) <u>KAUFFMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH - 7 - 1956</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 1, 1885</u>
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JEFFERSON HARE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY C. BROWN</u>	
14. NAME OF HUSBAND OR WIFE <u>ARTHUR BOWER KAUFFMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MARY STOUSE, 4441 WABASH, K.C. Mo.</u>		ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diaphragmatic hernia of stomach</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>		10 yrs. _____ Hrs. <u>420</u>	
19a. DATE OF OPERATION <u>3-7-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>none above</u>	
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>1948, to 3-6-</u> , 19 <u>56</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>3/6-</u> , 19 <u>56</u> , and that death occurred at <u>6:10 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. F. Spiller</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>2603 East 31</u>	
23c. DATE SIGNED <u>3/7/56</u>			
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 9, 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>3-8-56</u>		REGISTRAR'S SIGNATURE <u>neve minshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>N. H. Newcomer's Sons</u>		ADDRESS <u>251-253 S. BAKER ST. KANSAS CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

200-4  
f-2-3

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 *Albert L. Savage*

Licensed Embalmer No. *48*

P. O. Address *Kansas*

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.