

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **9170**  
**1093**BIRTH NO. **2231 15058-56** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

|   |  |  |  |   |             |   |                          |   |  |
|---|--|--|--|---|-------------|---|--------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>   |             |   |                          |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>   |  | c. LENGTH OF STAY (In this place) <b>4 WKS.</b>  |  | c. CITY OR TOWN <b>Overland Park</b>  |             | 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 <b>St. Mary's Hospital</b>  |  |  |  | • STREET ADDRESS (If rural, give location) <b>8011 Antioch Road</b> <b>8158</b>   |             |   |                          |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>INFANT KEVIN</b>  |  |  | a. (First)   |   | b. (Middle) |   | c. (Last) <b>KESSLER</b> |   |  |
| 4. DATE OF DEATH <b>3 10 56</b>   |  | 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>   |             | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>   |                          | 8. DATE OF BIRTH <b>2-9-56</b>                      |  |
| 9. AGE (In years last birthday) <b>1</b>  |  | IF UNDER 1 YEAR Months <b>1</b>  |  | IF UNDER 12 HRS. Days <b>1</b>  |             | Hours <b>1</b>  |                          | Min. <b>0</b>                                       |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>    |   |             | 11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>   |                          | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>          |  |
| 13a. FATHER'S NAME <b>James L. Kessler</b>  |  |  | 13b. MOTHER'S MAIDEN NAME <b>Dorothy B. Bolten</b> |   |             | 14. NAME OF HUSBAND OR WIFE <del>James L. Kessler</del>   |                          |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   |  | 16. SOCIAL SECURITY NO. <b>No</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME <b>James L. Kessler</b>   |             | ADDRESS <b>8011 Antioch Rd.</b>   |                          |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                  |  |  |  | 19. MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Bacteriemia Infection</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |             |   |                          | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>0969</b> |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION <b>None</b>   |  |   |             | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |                          |   |  |
| 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 <b>Pathologist</b> , 19____, that I last saw the deceased <input checked="" type="checkbox"/> alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |  |  |  |   |             |   |                          |   |  |
| 23a. SIGNATURE <b>Harry M. Gilkey</b> (Degree or title) <b>MD</b>   |  |  |  | 23b. ADDRESS <b>1624 Prof Bldg</b>  |             | 23c. DATE SIGNED <b>3-12-56</b>   |                          |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 24b. DATE <b>3-12-56</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>  |             | 24d. LOCATION (City, town, or county) (State) <b>JOHNSON CO., MISSOURI</b>  |                          |   |  |
| DATE REC'D BY LOCAL REG. <b>3-12-56</b>   |  | REGISTRAR'S SIGNATURE <b>Neva Minshall</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eylar</b>   |             | ADDRESS <b>1800 E. Linwood</b>  |                          |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Harry Helkey  
Prof Body - VI-2-4521  
4941 Westwood - Lo. 13528  
1 Bl. N. of 50th +  
Ward PKY

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Arthur Eugene*

Licensed Embalmer No.....  
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.