

9176

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1956

State File No. ....

BIRTH NO. 15074-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 1078

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. LENGTH OF STAY (in 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>ST. LUKES HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>601 EAST ARMOUR BLVD.</u> <u>3508</u>	

3. NAME OF DECEASED (Type or Print) <u>UNNAMED.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 10, 1956</u>		
a. (First) <u>UNNAMED.</u>	b. (Middle)	c. (Last) <u>KLINGER</u>			
5. SEX <u>MALE</u> <input type="checkbox"/> <input checked="" type="checkbox"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify) <u>CHILD</u>	8. DATE OF BIRTH <u>MARCH 10 - 1956</u>	9. AGE (in years last birthday)	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CHILD</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>WILLIAM F. KLINGER</u>	13b. MOTHER'S MAIDEN NAME <u>CATHERINE MARCOLINA</u>	14. NAME OF HUSBAND OR WIFE <u>CHILD</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>WILLIAM F. KLINGER</u>
		ADDRESS <u>601 EAST ARMOUR KANSAS CITY, MO.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia - new born infant</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Breech delivery with incompletely rotated cervix</u>		
	DUE TO (c)		
11. 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 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 3/10, 1956, to 3/10, 1956, that I last saw the deceased alive on 3/10, 1956, and that death occurred at 12:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Floyd C Atwell MD</u>	23b. ADDRESS <u>Kansas City Mo.</u>	23c. DATE SIGNED <u>3/11/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR. 12 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>3-11-56</u>	REGISTRAR'S SIGNATURE <u>Nevo Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWSOME 555 S. BASH CREEK KANSAS CITY, MO.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Floyd C. Atwell M.D.

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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 *Richard L. Fogua*.....

Licensed Embalmer No. *1013*.....

P. O. Address *F.C. ...*.....

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