

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30880**

Registrar's No. **3797**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3797			
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 township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 12 YEARS		c. CITY OR TOWN Kansas City		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 St. Luke's Hospital				e. STREET ADDRESS (If rural, give location) 5312 Rockhill Road					
3. NAME OF DECEASED (Type or Print) a. (First) Stuart			b. (Middle) CHRISTIAN			c. (Last) Mullgardt		4. DATE OF DEATH (Month) (Day) (Year) August 27 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12/23/1902		9. AGE (In years last birthday) 53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSULTING ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY WESTERN WATERWORKS CO.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME August MULLGARDT			13b. MOTHER'S MAIDEN NAME Samuella Davidson			14. NAME OF HUSBAND OR WIFE MRS. FERNE MULLGARDT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-05-3757		17. INFORMANT'S SIGNATURE OR NAME MRS. FERNE MULLGARDT			ADDRESS 5312 Rockhill Kansas City Mo.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon						INTERVAL BETWEEN ONSET AND DEATH 142	
		ANTECEDENT CAUSES 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.						1537	
19a. DATE OF OPERATION Sept-55		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon						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 8-22 , 19 55 to 8-27 , 19 56 that I last saw the deceased alive on 8-26 , 19 56 and that death occurred at 1:55 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Edw. H. Thiessen (Degree or title) MD				23b. ADDRESS 4620 Nichols Parkway			23c. DATE SIGNED 8-29-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE AUG-29-1956		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) LINCOLN NEBRASKA			
DATE REC'D BY LOCAL REG. 8-29-56		REGISTRAR'S SIGNATURE Neva Minshall			25. FUNERAL DIRECTOR'S SIGNATURE D.K. Newman		ADDRESS 1331. BRUSH CREEK KANSAS CITY MO.		

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed.....
Richard L. Rogers

Licensed Embalmer No. 495

P. O. Address.....
J. C. D.

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.