

FILED SEP 27 1956

THE DIVISION OF HEALTH OF THE STATE OF KANSAS
STANDARD CERTIFICATE OF DEATH

State File No. **30928**Registrar's No. **3908**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. 3908	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Kansas b. COUNTY Wyandotte			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			c. LENGTH OF STAY (In this place) 2 weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			8/15/56
d. FULL NAME OF HOSPITAL OR INSTITUTION Neurological Hospital				f. STREET ADDRESS (If rural, give location) 344 Fowler Street			
3. NAME OF DECEASED (Type or Print) FRED			a. (First) FRED	b. (Middle) J.	c. (Last) SACHEN	4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 3, 1911		9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months	IF UNDER 6 WKS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office clerk		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter Sachen			13b. MOTHER'S MAIDEN NAME Mary Peschel		14. NAME OF HUSBAND OR WIFE Helen Sachen		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 513-01-9622		17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Sachen, K. C. K.			
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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, Terminal ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis of liver, Laennec type DUE TO (c) A.B.S. & alcoholism II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH. 24 hrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION:				20. AUTOPSY? YES <input 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) (m.)		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>8-15</u> , 19 <u>56</u> , to <u>9-4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9-4</u> , 19 <u>56</u> , and that death occurred at <u>1:15 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE Paul J. Hines			(Degree or title) M. D.		23b. ADDRESS 2625 W. Vasco Kansas City 8 Mo.		23c. DATE SIGNED 9-5-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-7-1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas		
DATE REC'D BY LOCAL REG. 9-5-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Skradski-Stine Funeral Home ADDRESS K.C.K.			

(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten: 7-20-06 + B...

INSTITUTION OF THE STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH
DIVISION OF ANATOMY AND PATHOLOGY
OFFICE OF THE STATE EMBALMER
ST. LOUIS, MISSOURI

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Handwritten Signature: Ned Shradish

Signed.....
Student Embalmer

Licensed Embalmer No. 4382

P. O. Address Conoco City, Conoco

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 this body is not embalmed, fact should be so stated above.