

FILED DEC 10 1956

STANDARD CERTIFICATE OF DEATH

37371

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gladstone</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gladstone</u>	
c. LENGTH OF STAY (In this place) <u>4 months</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>121 West 66th St Terrace</u>		d. STREET ADDRESS (If rural, give location) <u>121 West 66th St Terrace</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>KASPER</u>	b. (Middle) <u>J</u>	c. (Last) <u>KREISTOP</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 26, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 6, 1883</u>	9. AGE (In years last birthday) <u>73</u>	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours	12. UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laundryman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Meat Packing Co</u>	11. BIRTHPLACE (State or foreign country) <u>Lithuania</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Joseph Kreistop</u>	13b. MOTHER'S MAIDEN NAME <u>Petrinella unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Amelia Kreistop</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>510 07 3409</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Amelia Kreistop</u>	ADDRESS <u>Gladstone, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10.26.56</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		19.50
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		
II. 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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4201</u>
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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?
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22. I hereby certify that I attended the deceased from 1954, 19  , to 26 Nov, 1956, that I last saw the deceased alive on   , 19  , and that death occurred at 7:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Schulte MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>5018 Linden, Merioun, Kansas</u>	23c. DATE SIGNED <u>11.27.56</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov 29, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>11-29-56</u>	REGISTRAR'S SIGNATURE <u>Marquise Hudgens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F A Reising</u>	ADDRESS <u>K C Ks.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

94-0



DEC 28 1956

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.....  
Student Embalmer

Signed..... *George A. Reising*

Licensed Embalmer No. 4468

P. O. Address Kansas City, Ks.

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.