

Health, Welfare, Public Service
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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Paul J. Centner
 MEDICAL CERTIFICATION
 Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms with no natural causes. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
 41641
 5383

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5383

| | | | | | |
|---|---|---|--|---|---|
| 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, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>25 E. 65th Street</u> | | Length of stay in lb <u>87 years</u> | d. STREET ADDRESS (If outside, give location) <u>25 E. 65th Street</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>EMMA</u> Middle <u>MUELLER</u> Last <u>MUELLER</u> | | | 4. DATE OF DEATH Month <u>12</u> Day <u>11</u> Year <u>1956</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>March 3, 1869</u> | 9. AGE (In years last birthday) <u>87</u> | 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>Homemaker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
| 13. FATHER'S NAME <u>George Halbauer</u> | | | 14. MOTHER'S MAIDEN NAME _____ | | |
| 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>No</u> | 17. INFORMANT Address <u>Rosalia P. Williams 25 E. 65th Street</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH Years <u>4200</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Intertrochanteric fracture of right femur</u> | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Getting out of chair at home, slipped and twisted hip.</u> | | | | |
| 20c. TIME OF INJURY Hour <u>8:00</u> a. m. _____ m. _____ Month, Day, Year <u>11-17-56</u> | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | 20f. CITY, TOWN, OR LOCATION <u>Kansas City, Jackson County, Missouri</u> | | STATE <u>Missouri</u> | |
| 21. I attended the deceased from <u>11-17-56</u> to <u>12-11-56</u> and last saw <u>her</u> alive on <u>12-10-56</u> Death occurred at <u>1:40 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Paul J. Centner M.D.</u> | | | 22b. ADDRESS <u>1000 Professional Building</u> | | 22c. DATE SIGNED <u>12-12-56</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12-13-1956</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Mellody-McGilley-Eylar 1800 E. Linwood</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-12-56</u> | 26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u> | | |
| Kansas City, Mo. (Licensed Embalmer's Statement on Reverse Side) | | | | | |

*Dr. Embalmer
1951
K.C.M.*

1951

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 *Melvin Barton*

Licensed Embalmer No. *41*

P. O. Address *K.C.M.*

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.