

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1345

STATE FILE NUMBER

 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp.			Length of stay in hospital 33 yrs.		d. STREET ADDRESS 5117 Michigan		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First CARL Middle Last KOFFLER (KOFFLER)				4. DATE OF DEATH Month 1 Day 1 Year 57					
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7-5-1899		9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tile Setter			10b. KIND OF BUSINESS OR INDUSTRY Tile Company		11. BIRTHPLACE (City and state or country) Durmisheim, Germany		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME No Record				14. MOTHER'S MAIDEN NAME No Record					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. XX		17. INFORMANT Mrs. Therese Koffler			Address 5117 Michigan	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dissection aorta & rupture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 							INTERVAL BETWEEN ONSET AND DEATH 3 days unknown 451X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input 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.)						
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 12/29/56 to 1-1-57 and last saw ^{her} him alive on 1-1-57 Death occurred at 2:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Ink or title) Warren F. Wilhelm, M.D.				22b. ADDRESS 710 Prof. Bldg KC, Mo		22c. DATE SIGNED 1/2/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-4-57	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) Kansas City,		STATE Mo.		
24. FUNERAL DIRECTOR Wagner Funeral Home, K C Mo			ADDRESS 		25. DATE RECD. BY LOCAL REG. 1-2-57		26. REGISTRAR'S SIGNATURE Nora Minshall		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare
Public
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Warren F. Wilhelm

MEDICAL CERTIFICATION

12 A 1-0680

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 *Alvin R. Haunschick*

Licensed Embalmer No. *415*

P. O. Address *I. C. W.*

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.