THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1571

FILED FEB 8 1957

Registration District No. 146 Primary Registration District No. 5-568 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City - Inter City — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 908 Home -Inter City — Length of stay in 1b 39 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 908 Home - Inter City (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Caroline Middle Margaret Last DeHardt

4. DATE OF DEATH Month Jan Day 26 Year 1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH Feb 10 1894 9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (City and state or country) Hill City, Kansas
12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME William Simpson
14. MOTHER'S MAIDEN NAME Margaret Stuelic

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X X X X
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address Mr. Phillip DeHardt 908 Home Kansas City Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Dehydration + malnutrition — INTERVAL BETWEEN ONSET AND DEATH 4 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Uremia, — 5 mo.
DUE TO (c) Hypertension — 2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 444X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 6-56, to 1-26-57 and last saw her alive on 1-19-57
Death occurred at 8 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul L Bachmann (Degree or title) M.D.
22b. ADDRESS 1212 W. Truman Ind. Mo
22c. DATE SIGNED 1-28-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan 28 1957
23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR FLORAL HILLS MEMORIAL CHAPEL INC K.C.MO ADDRESS
25. DATE RECD. BY LOCAL REG. 1-28-57
26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

540

Bac
Greenwood

FEB 8 1957

FEB 7 1957

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 Everett L. Sie

Licensed Embalmer No. 4 8

P. O. Address Kansas C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.