

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED MAR 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 594

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b> <b>3898</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen. Hosp. # 1</b>		d. STREET ADDRESS (If outside, give location) <b>7405 Prospect</b>	

3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>W.</b> Last <b>Fessler</b>	4. DATE OF DEATH Month <b>Feb.</b> Day <b>6,</b> Year <b>1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10-1-1885</b>	9. AGE (In years last birthday) <b>72 70</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Telephone Co.</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Reserve, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13. FATHER'S NAME <b>William H. Fessler</b>	14. MOTHER'S MAIDEN NAME <b>Henrietta Hamm</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>494-14-1641</b>	17. INFORMANT <b>Mrs. Stanley Richardson, 7405 Prospect</b>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of bladder</b>		INTERVAL BETWEEN ONSET AND DEATH <b>181X</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Congestive heart failure</b>	
	DUE TO (c)	
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 type="checkbox"/> NO <input checked="" 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.) <b>2</b>
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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 <b>24th and Cherry</b>	COUNTY	STATE
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21. I attended the deceased from <b>2/6/57</b> to <b>2/6/57</b> and last saw her/him alive on <b>2/6/57</b> Death occurred at <b>4:00 p. m</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>B. I. Burns, M.D.</b>	22b. ADDRESS <b>24th and Cherry</b>	22c. DATE SIGNED <b>2/6/57</b>
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23a. BURIAL CREMATION, METHOD (Specify) <b>BURIAL</b>	23b. DATE <b>2-8-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Glenaid Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>West Line, Mo.</b>
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24. FUNERAL DIRECTOR <b>Harold R. Ryan</b>	ADDRESS <b>Louisburg, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>2-7-57</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Director, coroner, etc. must use any standard nomenclature for diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

