

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

Paul A. Kienberger

MEDICAL CERTIFICATION

FILED APR 16 1957

STANDARD CERTIFICATE OF DEATH

13156
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1490

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. 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 type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Krestwoods Hosp.			Length of stay in 1b 71 yrs.	d. STREET ADDRESS (If outside, give location) 4643 East 9th St.	
3. NAME OF DECEASED (Type or print) First Miss Sarah Middle Ann Last Hammill			4. DATE OF DEATH Month March Day 29 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 28, 1885	9. AGE (In years last birthday) 71 years	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Bernard Hammill			14. MOTHER'S MAIDEN NAME Roseanna Rogers		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 492278-5494-A		17. INFORMANT Address Miss Lillie Murphy 4643 East	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident 9th St. K.C. Mo. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Sclerosis DUE TO (c) Generalized Arterio Sclerosis					INTERVAL BETWEEN ONSET AND DEATH Sudden unknown unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic Myocarditis Coronary Sclerosis 33!					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 12:00 Month Nov Day 1 Year 1957 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 3-15-57 to 3-29-57 and last saw her her alive on 3-28-57 Death occurred at 1200 Noon m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Paul A. Kienberger MD			22b. ADDRESS 5246 St John		22c. DATE SIGNED 3-29-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 1, 1957	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		23d. LOCATION (City, town, or county) K.C. Mo.	(State)
24. FUNERAL DIRECTOR ADDRESS Thomas E. Quirk Funeral Home		25. DATE RECD. BY LOCAL REG. 3-30-57		26. REGISTRAR'S SIGNATURE Neva Marshall	

