Health, Welfare Public Service

300
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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 16 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13233

STATE FILE NUMBER 1462

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Gen'l Hosp. #1 — Length of stay in 1b 18 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 X No ☐
d. STREET ADDRESS (If outside, give location) 802 E. 12 — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Steve Middle Last Kolser

4. DATE OF DEATH Month 3 Day 23 Year 1957

5. SEX Male
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 8-9-1906
9. AGE (In years last birthday) ~~50~~ 50 — 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) Labor
10b. KIND OF BUSINESS OR INDUSTRY Burlington R.R.
11. BIRTHPLACE (City and state or country) Penn.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 280-18-6955
17. INFORMANT Record Clerk Address

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) Cardiac decompensation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Late latent Lues
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 0281
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 ☐ NO XX 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 March 18, 1957, to March 23, 1957 and last saw ~~XX~~ him alive on March 23, 1957
✓ Death occurred at 1 : 15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. I. Burns (Degree or title) B. I. Burns, M.D.
22b. ADDRESS 24th & Cherry
22c. DATE SIGNED 3-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical
23b. DATE 3-29-57
23c. NAME OF CEMETERY OR CREMATORY Western Dental Coll.
23d. LOCATION (City, town, or county) (State) K. C. Mo

24. FUNERAL DIRECTOR P. E. Wellcit ADDRESS K.C. 8 Mo
25. DATE RECD. BY LOCAL REG. 3-29-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

KP 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed B. E. Weibert

Licensed Embalmer No. 4075

P. O. Address K.C. 8, M

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