

Health, Welfare and Public Service
 300
 1-56
 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
 F. Stanley Mores

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

57 02 1300
 STATE FILE NUMBER 2517

FILED JUN 19 1957

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

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 3431 East 60th			Length of stay in lb 4 yrs	d. STREET ADDRESS 3431 East 60th			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GESINA Middle ELIZABETH Last RICHTER				4. DATE OF DEATH Month 5 Day 28 Year 57			
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9-26-1884	9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (City and state or country) Paola, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Louis Timken				14. MOTHER'S MAIDEN NAME Margaretha Block			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. XX		17. INFORMANT Address None Frieda Baumgardt, 3431 East 60th			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rheumatic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (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) 416K						INTERVAL BETWEEN ONSET AND DEATH Unknown (over 20 years)	
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 <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 Kansas City Jackson Mo.			COUNTY STATE
21. I attended the deceased from Oct. 15, 1957 to May 28, 1957 and last saw ^{her} him alive on April 28, 57 Death occurred at 8:05 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE F. Stanley Mores, M.D. (Degree or title)				22b. ADDRESS 405 Plaza Parkway Bldg		22c. DATE SIGNED 5/28/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-31-57	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Mo		
24. FUNERAL DIRECTOR Wagner Funeral Home, K.C. Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 5-29-57		26. REGISTRAR'S SIGNATURE Neva Marshall		

ME 1-9395
4620 J. G. Michaels Ph.D.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Alvin R. Haensch*

Licensed Embalmer No. *41*

P. O. Address *K. C.*

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.