

Health,
& Welfare
Public
Service

FILED SEP 19 1957

STANDARD CERTIFICATE OF DEATH

322226
STATE FILE NUMBER 4046

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

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION. J. D. Bennett

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>JACKSON</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>KANSAS CITY</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>KANSAS CITY</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Trinity Lutheran Hosp</i>		Length of stay in 1b <i>2 years</i>	d. STREET ADDRESS (If outside, give location) <i>102 E 65th</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>OSCAR</i> Middle <i>JACOB</i> Last <i>UnterKircher</i>		4. DATE OF DEATH Month <i>Aug</i> Day <i>27</i> Year <i>1957</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>MAY 16 1885</i>
9a. USUAL OCCUPATION (Give kind of work done during most of year, if retired)		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <i>72</i>
<i>Farmer</i>		<i>FARM</i>	10. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
11a. BIRTHPLACE (City and state or country) <i>Beatrice, Neb.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Jacob UnterKircher</i>		13b. MOTHER'S MAIDEN NAME <i>Lena Hiedenwald</i>	
14. NAME OF HUSBAND OR WIFE <i>Anna UnterKircher</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT Address <i>Carl Williams 102 E 67th KC Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cerebral Vascular Accident</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>10 Days</i> <i>331X</i>
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.)		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		COUNTY STATE	
21. I attended the deceased from <i>8/16/57</i> to <i>8/27/57</i> and last saw her alive on <i>8/27/57</i> Death occurred at <i>4:30 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>J. D. Bennett M.D.</i>	
22b. ADDRESS <i>409 E 63rd KC Mo</i>		22c. DATE SIGNED <i>8/28/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>8-29-57</i>	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <i>Manfield Mo</i>	
24. FUNERAL DIRECTOR <i>Bergman-Miller, Manfield, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>8-29-57</i>	
26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>		(Licensed Embalmer's Statement on Reverse Side)	



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

John R. Sidman
Licensed Embalmer No. 453
P. O. Address Kansas City

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