

pt. Health,
, & Welfare
S. Public
alth Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17279
STATE FILE NUMBER

FILED JAN 17 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6111

S. 300 4
ev. 1-57

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) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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) Haven Manor Nursing Institution		Length of stay in lb. 7Yrs.	STREET ADDRESS 4107 Montgall. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) WILLIAM PHILLIP HENSOLT			4. DATE OF DEATH Month Dec. Day 23 Year 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 19, 1878	9. AGE (In years last birthday) 79	10. F UNDER 1 YEAR Months 4	11. IF UNDER 24 HRS. Days 4	12. IF UNDER 24 HRS. Hours 4	13. IF UNDER 24 HRS. Min. 4
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Candy Maker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Germany	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Phillip Hensolt	13b. MOTHER'S MAIDEN NAME Babette Luz	14. NAME OF HUSBAND OR WIFE Henrietta Hensolt
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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) No	16. SOCIAL SECURITY NO. 491-09-3587	17. INFORMANT Mrs. Kenneth Fox, 4107 Montgall	Address
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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) Pneumonia + Respiratory failure		INTERVAL BETWEEN ONSET AND DEATH 331X
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cardiac Arrest	
	DUE TO (c) Pneumonia	
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.)
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20c. TIME OF INJURY Hour 1 Month, Day, Year	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 St. Joseph, Mo.	COUNTY	STATE
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21. I attended the deceased from 1952 to 1957-12-23 and last saw him alive on 12-23-57 Death occurred at 12-23-57 m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE A. L. Antry (Degree or title) D.O.	22b. ADDRESS 4949 Swape Parkway	22c. DATE SIGNED 12/23/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-23-1957	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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24. FUNERAL DIRECTOR Freeman Mortuary, Kansas City, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-24-57	26. REGISTRAR'S SIGNATURE Nevo Minshall
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(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
A. L. Antry

24

JAN 17 1958

Dr. A. L. Am
4949 Seward
until 5
Parliamentary

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 *Walter H. Erwin*

Licensed Embalmer No. *4352*

P. O. Address *H. C. mo*

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.