Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

98125-57

STATE FILE NUMBER 1278

FILED FEB 13 1958

16835

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 373

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN: Kansas City — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph Hospital — Length of stay in 1b: 23 days

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 ☑ No ☐
d. STREET ADDRESS (If outside, give location): 3521 Smart — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: DARREL Middle: DEAN Last: HOLST

4. DATE OF DEATH Month, Day, Year: Jan. 23 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☑ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 12-31-1957

9. AGE (In years last birthday): — IF UNDER 1 YEAR: Months —, Days 23 — IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): K.C., Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Holst

13b. MOTHER'S MAIDEN NAME: Ruth Burton

14. NAME OF HUSBAND OR WIFE: —

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.: —

17. INFORMANT: Mr. John Holst — Address: 3521 Smart K.C. Mo.

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): Congenital Heart — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Pulmonary atresia defect c partial ~~dorsal Shunt~~ to aorta

DUE TO (c): —

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 745

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

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 12-31-57, to 1-23-58 and last saw her/him alive on 1-23-58

Death occurred at 4:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. Kimberger MD

22b. ADDRESS: 5246 St John

22c. DATE SIGNED: 1/24/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-25-1958

23c. NAME OF CEMETERY OR CREMATORY: Mt. Washington Cem.

23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR: C. H. Blackmer & Son Inc. K.C. Mo

ADDRESS:

25. DATE RECD. BY LOCAL REG.: 1-24-58

26. REGISTRAR'S SIGNATURE: Neva Mitchell

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be accepted. All diseases in Part I must be causally related.

P. A. Kimberger USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address K.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.