

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005649
STATE FILE NUMBER 835

FILED MAR 10 1958

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

300
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) 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 General Hosp. No 3		Length of stay in lb 15 yrs	d. STREET ADDRESS 4425' 5331 Highland 4029 Harrison		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Conrad (NMI) KREIFE			4. DATE OF DEATH Month Day Year February 16, 1958		
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 8-14-1865	9. AGE (In years last birthday) 92	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Pecumseh Kans. U.S.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Thomas Kreife		13b. MOTHER'S MAIDEN NAME Gertrude Seister		14. NAME OF HUSBAND OR WIFE -	
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. -	17. INFORMANT Address Mrs. Otis Wright 4029 Harrison		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-Pneumonia Fractured right hip. 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) 89027					INTERVAL BETWEEN ONSET AND DEATH ??? 2 weeks?
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) fell from bed			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 12-30-57					
20d. INJURY OCCURRED WHILE AT NOT WHILE WORK <input type="checkbox"/> <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Little Sisters of the Poor		20f. CITY, TOWN, OR LOCATION 123 COUNTY STATE Kansas City, Jackson, Mo.	
21. I attended the deceased from 12-31-57 to 2-16-58 and last saw her alive on 2-16-58 Death occurred at 11:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE M. D.			22b. ADDRESS 24th and Cherry		22c. DATE SIGNED 2-16-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 2-16-58	23c. NAME OF CEMETERY OR CREMATORY -		23d. LOCATION (City, town, or county) (State) Garnett Kansas	
24. FUNERAL DIRECTOR SHINE & McCLURE Undertaking Co 3235 Gillham Plaza		25. DATE RECD. BY LOCAL REG. 2-16-58		26. REGISTRAR'S SIGNATURE neva Marshall	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

B. I. Burris

JUN 3 1958

NOV 1958

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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 *Elmo Triplett*

Licensed Embalmer No. *4817*
P. O. Address *KC 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.