

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16081-58 58-010053  
STATE FILE NUMBER 1311

FILED MAR 31 1958

Registration District No. 149 Primary Registration District No. 1000 Registrar's No. 1311

|   |                        |  |   |
|---|------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON  |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>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 INDEPENDENCE 7005 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                      |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOSEPH Length of stay in 1b 1 day  |                        | d. STREET ADDRESS (If outside, give location) 12409-8-53 28 ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>        |   |
| 3. NAME OF DECEASED First Middle Last INFANT LUDWIG   |                        |  | 4. DATE OF DEATH Month Day Year 3 11 58   |
| 5. SEX MALE   | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 3-10-58  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                        | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (In years last birthday) FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 1 |
| 11. BIRTHPLACE (City and state or country) KANSAS CITY, MO U.S.   |                        | 12. CITIZEN OF WHAT COUNTRY? U.S.  |   |
| 13a. FATHER'S NAME HENRY LUDWIG   |                        | 13b. MOTHER'S MAIDEN NAME ANITA BOOK   |   |
| 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)  |   |
| 16. SOCIAL SECURITY NO.   |                        | 17. INFORMANT Address Henry Ludwig Indef Mo  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Hyaline Membrane<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Immaturity |                        |  | INTERVAL BETWEEN ONSET AND DEATH 24 hours 17-5  |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |                        | 20a. ACCIDENT SUICIDE HOMICIDE <input 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.)  |                        | 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 3-10-58 to 3-11-58 and last saw him alive on 3-11-58<br>Death occurred at 9:40 A on the date stated above; and to the best of my knowledge, from the causes stated.  |                        |  |   |
| 22a. SIGNATURE (Degree or title) Paul O. Kienberger M.D.  |                        | 22b. ADDRESS 5246 St John  |   |
| 22c. DATE SIGNED 3-12-58  |                        | 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL   |   |
| 23b. DATE 3-13-58   |                        | 23c. NAME OF CEMETERY OR CREMATORY MT OLIVET   |   |
| 23d. LOCATION (City, town, or county) KANSAS CITY MO (State)  |                        | 24. FUNERAL DIRECTOR ADDRESS SHEILA COLONIAL F.H. K.C. MO  |   |
| 25. DATE RECD. BY LOCAL REG. 3-12-58  |                        | 26. REGISTRAR'S SIGNATURE newa minshall  |   |

Paul A. Kienberger USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

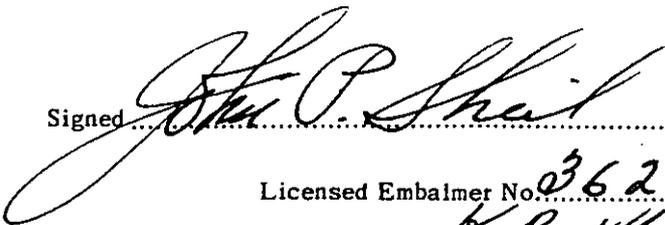
MEDICAL CERTIFICATION

health, Welfare Public Service  
300 0  
-57  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

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  .....  
Licensed Embalmer No. 03625 .....  
P. O. Address K.P. W.O. ....

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.