

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021945
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 3089

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 St. Marys Hosp.		Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location) 3616 East 58th Terr. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle L. Last KASTEN			4. DATE OF DEATH Month JUNE Day 21 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 15 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Public Serv. Co.	11. BIRTHPLACE (City and state or country) Leavenworth Co. Kans.
13a. FATHER'S NAME ERNEST KASTEN		13b. MOTHER'S MAIDEN NAME MARIE HANNEQUIN	14. NAME OF HUSBAND OR WIFE Mary C. Kasten
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. 495-01-2243	17. INFORMANT Address Robt. C. Andregg 3600 E. 58 Terr KC, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Arteriosclerosis 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 40 hours 5 years
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> Natural		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 <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 6-19-58 to 6-21-58 and last saw him alive on 6-20-58 Death occurred at 3:18 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard L. Owens M.D. (Degree or title)		22b. ADDRESS 9222 E. 50 Highway, Kans. City, Mo	22c. DATE SIGNED 6-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 1958	23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR MELLOYD MCGILLEY EYLAR F. H. 1800 East Linwood Blvd. Kansas City, Missouri		25. DATE RECD. BY LOCAL REG. 6-21-58	26. REGISTRAR'S SIGNATURE Neva Marshall

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, ~~xxxx~~....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *James W. Wair*.....
J. W. Wair

Licensed Embalmer No. 4650.....

P. O. Address. Independence, 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.