

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032764
STATE FILE NUMBER

FILED OCT 1 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4279

300 0
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CLAY	
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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph		Length of stay in lb 149r	d. STREET ADDRESS (If outside, give location) 712 E 45 th
		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last IGNATIUS Adolph KANNGIESSER			4. DATE OF DEATH Month Day Year Sept 6 - 1958		
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5. SEX M	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 Aug 19 - 1924	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dock Clerk	10b. KIND OF BUSINESS OR INDUSTRY Trucking Gillette Western	11. BIRTHPLACE (City and state or country) FRANKLIN Co Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Karl J. Kanngiesser	13b. MOTHER'S MAIDEN NAME Elizabeth Held	14. NAME OF HUSBAND OR WIFE Ruth Kanngiesser
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 497-26-2086	17. INFORMANT Address of the home Ruth Kanngiesser
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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) Exsursion of Hofmangel Valvular into myocardium + thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Artificial aortic Hofmangel Valve - 1 year.	
	DUE TO (c) Rheumatic Heart Disease aortic insuff. 20 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HIX		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 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
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21. I attended the deceased from 1953 to Sept 6 - 1958 and last saw her alive on Sept 6, 1958 Death occurred at 10:15 AM Sept 6, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Philip J. Baker M.D.	22b. ADDRESS 9306 E. New 40 Indpls. Mo.	22c. DATE SIGNED Sept 7 - 1958
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23a. BURIAL, CREMATION REMOVAL (Specify) Burial	23b. DATE Sept. 9 - 58	23c. NAME OF CEMETERY OR CREMATORY White Chapel M.C.	23d. LOCATION (City, town, or county) (State) Clay Co. Mo.
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24. FUNERAL DIRECTOR D.W. Newcomer Son	ADDRESS N.K.C. Mo.	25. DATE RECD. BY LOCAL REG. 9-8-58	26. REGISTRAR'S SIGNATURE Irene Minshall
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Philip J. Baker

MEDICAL CERTIFICATION



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 *Glenn H. Hill*

Licensed Embalmer No. *4586*

P. O. Address *K. S. 16. 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.