Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036665

STATE FILE NUMBER 5017

FILED NOV 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Menorah Clinic — Length of stay in 1b ~~2 yrs~~ 5 1/2 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Hickman Mills 7000 — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 10722 Ruskin Rd — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First CATHY Middle ELAINE Last TRIANTOS

4. DATE OF DEATH Month 10 Day 22 Year 58

5. SEX Fem

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH 9/15/56

9. AGE (In years last birthday) 2 — 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) no

10b. KIND OF BUSINESS OR INDUSTRY no

11. BIRTHPLACE (City and state or country) Independence, Mo

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME George Triantos

13b. MOTHER'S MAIDEN NAME Evelyn Stanfield

14. NAME OF HUSBAND OR WIFE no

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. no

17. INFORMANT Address George Triantos, 10722 Ruskin Rd

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) meningitis, acute,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Haemophilus influenza
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 24 hr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 3409

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 7:30 AM 10/22/58 to 10-22-58 and last saw her/him alive on 10-22-58
✓ Death occurred at 1 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. L. Ketterman M. D

22b. ADDRESS Hickman Mills Mo

22c. DATE SIGNED 10/23/58

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

23b. DATE 10/24/58

23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet

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

24. FUNERAL DIRECTOR ADDRESS Sheil Colonial Funeral Home K C Mo

25. DATE RECD. BY LOCAL REG. 10-24-58

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

H. L. Ketterman

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 Richard E. Carroll

Licensed Embalmer No. 1829

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.