

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039251

STATE FILE NUMBER

8127-58
FILED DEC 8 1958

Registration District No. 11

Primary Registration District No. 3012

Registrar's No. 94

1. PLACE OF DEATH a. COUNTY CLAY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLAY		
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN EXCELSIOR SPRINGS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN EXCELSIOR SPRINGS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION EXCELSIOR HOSPITAL		Length of stay in 1b 4 hr. 6 min	d. STREET ADDRESS (If outside, give location) MAGNOLIA WEST		Reside on Farm. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BABY Middle BOY Last GANZER			4. DATE OF DEATH Month NOV Day 7 Year 1958		
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 NOV 7, 1958		9. AGE (In years last birthday) F UNDER 1 YEAR <input checked="" type="checkbox"/> IF UNDER 24 HRS. Months 1 Days 4 Hours 6 Min 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) EXCELSIOR SPRINGS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME DONALD P GANZER		13b. MOTHER'S MAIDEN NAME SARAH BONIZA CARROLL		14. NAME OF HUSBAND OR WIFE NONE	
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. NONE		17. INFORMANT MAGNOLIA WEST EXCELSIOR SPRINGS, 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 Anoxia DUE TO (b) Respiratory failure DUE TO (c) Prematurity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 1 hour 1 hour	
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.)			
20c. TIME OF INJURY Hour _____ 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 Birth - Nov 7, 1958 to 11/7/58 1:30 P.M. and last saw him alive on 11/7/58 Death occurred at 1:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Ralph L. Nicholson			22b. ADDRESS Excelsior Springs, Mo		22c. DATE SIGNED 11/10/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV 8, 1958	23c. NAME OF CEMETERY OR CREMATORY CROWN HILL		23d. LOCATION (City, town, or county) (State) EXCELSIOR SPRINGS, MO
24. FUNERAL HOME OR ADDRESS Richard Funeral Home, Inc. Excelsior Springs, Missouri		25. DATE RECD. BY LOCAL REG. 11/26/58		26. REGISTRAR'S SIGNATURE Barbara Hutchings	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Ralph Van Landingham*

Licensed Embalmer No. *4009*

P. O. Address *St. Louis, 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.