

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039929

STATE FILE NUMBER

FILED DEC 11 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5580

300
1-57

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		c. CITY OR TOWN KANSAS CITY	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSP.		d. STREET ADDRESS (If outside, give location) 4310 EAST 24 th ST.	
Length of stay in lb 82 YEARS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last KATHRYN ROSE EICHENAUER			4. DATE OF DEATH Month Day Year Nov. 24-1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT-14-1876
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME OTTO TAESCHNER		13b. MOTHER'S MAIDEN NAME KLINGMAN HENRY L. EICHENAUER	
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) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address KANSAS CITY, MO. BERNICE MILLER-6642 PASEO BLVD.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism			INTERVAL BETWEEN ONSET AND DEATH MINUTES
DUE TO (b) Phlebothrombosis of both lower extremities			Days
DUE TO (c) Fracture, left hip and surgical nailing of left hip			18 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Diabetes mellitus; large retention cyst of right kidney			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) fell on floor.	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 11-6-58 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) Home	
20e. CITY, TOWN, OR LOCATION 125 KANSAS CITY, JACKSON MO.		20f. COUNTY STATE	
21. I attended the deceased from Jan. 17, 1958 to Nov. 24, 1958 and last saw her alive on Nov. 24, 1958 Death occurred on 2:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. S. Long		22b. ADDRESS 4800 E. 24th Street	
22c. DATE SIGNED 11-25-58		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE Nov. 26, 1958		23c. NAME OF CEMETERY OR CREMATORY FLORAL HILL'S CEMETERY	
23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI		23e. (State)	
24. FUNERAL DIRECTOR D.W. Newcomer		25. DATE RECD. BY LOCAL REG. 11-26-58	
26. REGISTRAR'S SIGNATURE neva minshall		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

R. S. Long

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646-5-1

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 *Basil J. Honey*

Licensed Embalmer No. *4724*.....
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.