

Health,  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005555  
STATE FILE NUMBER

FILED MAR 9 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 877

300  
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MO. 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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3009 Bellview		Length of stay in 1b 52 Yrs	d. STREET ADDRESS (If outside, give location) 3009 Bellview
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First FRANK	Middle T	Last FUCHS SR	Month 2	Day 15
			Year 59	

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 2/8/86	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Cutter (Retired)	10b. KIND OF BUSINESS OR INDUSTRY Central Paper Box	11. BIRTHPLACE (City and state or country) Austria	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Michael Fuchs	13b. MOTHER'S MAIDEN NAME Barbara Weber	14. NAME OF HUSBAND OR WIFE Mary T. Fuchs
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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. 486-10-2111	17. INFORMANT Mary T. Fuchs	Address 3009 Bellview, K C Mo.
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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) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 18 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Stervortia (Hypoproteinemial)	2 1/2 Mo.
	DUE TO (c) Inoperable Carcinoma of Pelvic	9 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) + Cardiac Distention of Stomach Liver		15 1/2

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 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 11-19-58 to 2-12-59 and last saw her alive on 2-15-59 Death occurred at Home 7:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE L. W. Thompson D.O.	(Degree or title)	22b. ADDRESS 6219 Busport Ln	22c. DATE SIGNED 2-1-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/17/59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) K C Mo.
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24. FUNERAL DIRECTOR Melody McGilley Bylar Linwood & Main	ADDRESS K. C. Mo.	25. DATE RECD. BY LOCAL REG. 2-16-59	26. REGISTRAR'S SIGNATURE Neva Marshall
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Consented Embalmer's Statement on Reverse Side

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Wm. W. Thompson

Dr W W Thompson  
6218 Jackson St  
N.E. 3-7006

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 *Wm H Gentry* .....

Licensed Embalmer No. *5038*  
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.