

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005677

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 637

FILED FEB 19 1959

300
1-57

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>MARYVILLE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Childrens Mercy Hosp. 2 da.</u>		d. STREET ADDRESS (If outside give location) <u>401 S. BUCHAWAN</u>	

3. NAME OF DECEASED (Type or print) First <u>Paula</u> Middle <u>Ann</u> Last <u>Kuenzi</u>			4. DATE OF DEATH Month <u>2</u> Day <u>2</u> Year <u>59</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-25-59</u>		9. AGE (In years last birthday) Months <u>8</u> Days <u></u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Maryville, Mo.</u>	

13a. FATHER'S NAME <u>Edward H. Kuenzi</u>		13b. MOTHER'S MAIDEN NAME <u>Carla May Rippstein</u>		14. NAME OF HUSBAND OR WIFE	
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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) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>MR. Edward H. Kuenzi</u> Address <u>401 S. Buchawan Maryville, Mo.</u>	
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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) <u>Tracheal-Esophageal fistula</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)		
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 <u>1-21-59</u> to <u>2-2-59</u> and last saw her alive on <u>2-2-59</u> Death occurred at <u>4:50 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R.D. Paiman M.D.</u> (Degree or title)			22b. ADDRESS <u>H.C.M.S.</u>		22c. DATE SIGNED <u>2-3-59</u>

23a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>2-4-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mount Grove</u>		23d. LOCATION (City, town, or county) (State) <u>Indep. Mo.</u>
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24. FUNERAL DIRECTOR <u>Speaks Funeral Home Indep. Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>2-3-59</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	
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(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.

R. D. Paiman

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 *Gene Miller*

Licensed Embalmer No. *4783*

P. O. Address *Leeds, 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.