

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013348

STATE FILE NUMBER

1941

DECEASED MAY 13 1959

Registration District No. 149

149

Primary Registration District No. 1002

1002

Registrar's No.

1941

300
1-57

| | | | |
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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp | | Length of stay in 1b Life | d. STREET ADDRESS (If outside, give location) 6338 Oak Grove Rd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First GARY Middle LYNN | | 4. DATE OF DEATH Month April Day 17 Year 1959 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Apr. 15, 1959 |
| 9. AGE (In years last birthday) 0 0 2 | | IF UNDER 1 YEAR Months 0 Days 2 | IF UNDER 24 HRS. Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby | | 10b. KIND OF BUSINESS OR INDUSTRY Baby | 11. BIRTHPLACE (City and state or country) Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Everette Holenbeck | |
| 13b. MOTHER'S MAIDEN NAME Rachel Dalsing | | 14. NAME OF HUSBAND OR WIFE none | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no no | | 16. SOCIAL SECURITY NO. no | 17. INFORMANT Everette Holenbeck KCK Address |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Stenosis Aortic Valve DUE TO (c) _____ 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 26 hours 26 hrs. |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 7546 | |
| 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 _____ Month _____ Day _____ Year _____ 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 |
| 21. I attended the deceased from Death occurred at 1:30 am on 4-15-59 , to 4-17-59 and last saw him alive on 4/16/59 on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Paul B. Burger, M.D. (Degree or title) | | 22b. ADDRESS 5949 Neman-Shawnee, Ks. | 22c. DATE SIGNED 4/17/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 4-17-1959 | 23c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery | 23d. LOCATION (City, town, or county) (State) Axtell, Kansas |
| 24. FUNERAL DIRECTOR E. Paul Amos Shawnee, Kansas ADDRESS | | 25. DATE RECD. BY LOCAL REG. 4-18-59 | 26. REGISTRAR'S SIGNATURE Neve Marshall |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Paul B. Burger

All diseases in Part I must be causally related.

2/11/1918

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 *Eugene P. Amos*
Eugene P. Amos

Licensed Embalmer No. 5023.....

P. O. Address..... Shawnee, Kansas

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.