Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-013386
STATE FILE NUMBER

FILED MAY 13 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1923

**1. PLACE OF DEATH**
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION Gen. Hospital — Length of stay in 1b 37yrs.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 410 W 16th (If outside, give location) — Reside on Farm Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First Jennie Middle Olive Last Kinser

**4. DATE OF DEATH** Month 4 Day 16 Year 59

**5. SEX** Female

**6. COLOR OR RACE** White

**7.** MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

**8. DATE OF BIRTH** 12-12-1881

**9. AGE** (In years last birthday) 77 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housewife

**10b. KIND OF BUSINESS OR INDUSTRY** Home

**11. BIRTHPLACE** (City and state or country) Beatie, Kansas

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** John Elam Crumb

**13b. MOTHER'S MAIDEN NAME** Clara O'Dougherty

**14. NAME OF HUSBAND OR WIFE** Jessie Lee Kinser

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no or unknown) No (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.** None

**17. INFORMANT** Mr. Jessie L. Kinser; Address 410 West 16th. K.C., MO.

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Aspiration pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Brain Syndrome
DUE TO (c) Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus 4500

INTERVAL BETWEEN ONSET AND DEATH

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [X]

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

**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. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

**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 3-24-59, to 4-16-59 and last saw her/him alive on 4-16-59
Death occurred at 12:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** Abraham Gelperin (Degree or title) M. D.

**22b. ADDRESS** Gen. Hospital

**22c. DATE SIGNED** 4-16-59

**23a. BURIAL, CREMATION, REMOVAL** (Specify) Removal

**23b. DATE** 4-18-1959

**23c. NAME OF CEMETERY OR CREMATORY** Mount Calvary Cemetery

**23d. LOCATION** (City, town, or county) Kansas City, Kansas (State)

**24. FUNERAL DIRECTOR** Weilert Funeral Homes (W) K.C., Mo. ADDRESS

**25. DATE RECD. BY LOCAL REG.** 4-17-59

**26. REGISTRAR'S SIGNATURE** Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Abraham Gelperin

## 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 B. E. Weiler

Licensed Embalmer No. 4075

P. O. Address K.C. 8 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.