

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017797

STATE FILE NUMBER

FILED MAY 29 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2287

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i> )	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Mary's Hosp.</i>		Length of stay in lb <i>38 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>432 E 72nd Terrace</i>
3. NAME OF DECEASED (Type or print) First <i>PHIL</i> Middle <i>KESSLER</i> Last <i>KESSLER</i>		4. DATE OF DEATH Month <i>May</i> Day <i>6</i> Year <i>1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 27, 1900</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retail</i>	11. BIRTHPLACE (City and state or country) <i>New York City, N.Y.</i>
13a. FATHER'S NAME <i>Isaac Kessler</i>		13b. MOTHER'S MAIDEN NAME <i>Lillian (UNKNOWN)</i>	14. NAME OF HUSBAND OR WIFE <i>Jean E. Kessler</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>500 38 0618</i>	17. INFORMANT Address <i>William J. Kessler, 8218 Tracy, K.C. Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Nephrosclerosis - malignant</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hypertension &amp; Uremia</i> 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 <i>2 years</i>
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 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 <i>10/14/55</i> to <i>5/6/59</i> and last saw her alive on <i>5/6/59</i> Death occurred at <i>115 PM</i> m of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J.D. Bennett MD</i> (Degree or title)		22b. ADDRESS <i>409 E 63rd K.C. Mo</i>	
22c. DATE SIGNED <i>5/7/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>May 7, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Carmel Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>
24. FUNERAL DIRECTOR <i>J.P. Louis Funeral Home, K.C., Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>5-7-59</i>	26. REGISTRAR'S SIGNATURE <i>Irene Marshall</i>

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE J. D. Bennett

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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 *Henry Buffington*

Licensed Embalmer No. *2757*

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.