

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025136

FILED VS AUG 14 1959

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 3735 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City,		Length of stay in 1b 51 years	c. CITY OR TOWN Kansas City, Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital K.C.Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5033 Euclide Avenue. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First J. Victor Middle Last Genicke			4. DATE OF DEATH Month July Day 31, Year 1959	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married	8. DATE OF BIRTH 11/16 1907	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life) Hair Stylist	10b. KIND OF BUSINESS OR INDUSTRY Hair Fashions Bryant Bldg.	11. BIRTHPLACE (City and state or country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Joseph Genicke	13b. MOTHER'S MAIDEN NAME Gertrude Miller	14. NAME OF HUSBAND OR WIFE Esther Genicke
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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. Unknown.	17. INFORMANT Mrs. Esther Genicke Address Kansas City Missouri 5033 Euclid Avenue
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Jaundice		3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Pulmonary Infarction	3 weeks
	DUE TO (c) Idiopathic Cardiac Hypertrophy	2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour 11:00 a.m. p.m.	Month, Day, Year
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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 Kansas City	COUNTY Jackson	STATE Mo.
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21. I attended the deceased from **Jan 20, 1959** to **July 31, 59** and last saw him alive on **7-3-59**
Death occurred at **11:00** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Stanley Mores	(Degree or title)	22b. ADDRESS 4670 Ribble Drive	22c. DATE SIGNED 8-1-59
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23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/3/1959	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR D.W. Newcomers Sons	ADDRESS 1331 Brush Creek Blvd. Kansas City, Missouri	25. DATE RECD. BY LOCAL REG. 8-3-59	26. REGISTRAR'S SIGNATURE Neva Marshall
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BY AFFIDAVIT OF DOCUMENT Mores Stanley

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas W. Tolson

Licensed Embalmer No. 4889

P. O. Address D.C., 4/0.

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.