

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032313

FILED VS SEP 25 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4453 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>			Length of stay in 1b <u>11 days</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>2219 E. 69th</u> <u>Eisler, William H.</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>H.</u> Last <u>Eisler</u>				4. DATE OF DEATH Month <u>September</u> Day <u>12th</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</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>9-1-59</u>	9. AGE (last birthday) <u>11</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>1</u>	IF UNDER 24 HR Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>KANSAS CITY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>KENNETH N. EISLER</u>			13b. MOTHER'S MAIDEN NAME <u>PATRICIA HULL</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
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>✓</u>		17. INFORMANT <u>KENNETH N. EISLER 2219 E 69th TERR</u> Address <u>K.C. MO.</u>		
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) <u>Atherosclerosis & pulmonary hypertension, extensive w/ & left lower lobe & (left) upper lobe.</u>							
DUE TO (b)							
DUE TO (c) <u>Longstanding polycystic kidneys</u>							
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 w.s. there a pregnancy in last 90 d.y.s. <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 16.)			
20c. TIME OF INJURY Hour <u>30</u> a.m. <u>pm</u> Month, Day, Year <u>Sept 11</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Sanitation 24 hrs -</u>		20f. CITY, TOWN, OR LOCATION <u>KANSAS CITY</u>		COUNTY <u>MO.</u>		STATE	
21. I attended the deceased from <u>6 pm Sept 11</u> to <u>Sept 12 - 59</u> and last saw her/him alive on <u>Sept 12 - 59</u> . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Shirley F. Pakula</u> (Degree or title)				22b. ADDRESS <u>751 E. 63rd St KCMO</u>		22c. DATE SIGNED <u>9/13/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Sept 14 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hill CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>	
24. FUNERAL DIRECTOR <u>Floral Hills Memorial Chapel Inc</u>			ADDRESS <u>K.C. MO.</u>		25. DATE RECD. BY LOCAL REG. <u>9-14-59</u>		26. REGISTRAR'S SIGNATURE <u>new minahall</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

Shirley F. Pakula
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Ernest D. Goldsman

Licensed Embalmer No. 4714

P. O. Address KC 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.