

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040155

FILED VS. DEC. 7 1959 / 49

5642

STATE FILE NUMBER

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

|   |  |   |  |  |   |  |   |
|---|--|---|--|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b> |   |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN<br><b>Kansas City</b>   |  | Length of stay in 1b<br><b>60yrs.</b>   |  | c. CITY OR TOWN<br><b>Kansas City</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><b>St. Mary's Hospital</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><b>2547 Holmes</b>  |   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>LEO</b> Middle <b>A.</b> Last <b>KESSLER</b>  |  |   |  | 4. DATE OF DEATH<br>Month <b>Nov.</b> Day <b>21</b> Year <b>1959</b>   |   |  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>5-11-1899</b>   | 9. AGE (last birthday)<br><b>60</b>                                   | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>                        | IF UNDER 24 HR.<br>Hours <input type="checkbox"/> Min. <input type="checkbox"/>       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Chief Clerk</b>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Bendix</b>                                   |  | 11. BIRTHPLACE (City and state or country)<br><b>Kansas City, Mo.</b> |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |
| 13a. FATHER'S NAME<br><b>Joseph Kessler</b>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Wirges</b>                                      |  | 14. NAME OF HUSBAND OR WIFE<br><b>Louise E. Kessler</b>               |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  |   | 16. SOCIAL SECURITY NO.<br><b>489-22-7316</b>  |  | 17. INFORMANT Address<br><b>Louise E. Kessler - 2547 Holmes</b>       |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>  |  |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |  |   |  |  |   |  |   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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.)   |   |  |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |  |   |  |  |   |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 _____ to _____ and last saw her alive on _____<br>Death occurred at <b>9:00PM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>Hugh H. Owens Coroner</b>  |  |   |  | 22b. ADDRESS<br><b>Rialto Bldg - Kansas City, Mo</b>   |   | 22c. DATE SIGNED<br><b>11-23-59</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>11-24-59</b>           | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Olivet Cemetery</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City 33, Mo.</b>  |   |  |   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Mellody-McGilley-Eylar 1800 Linwood</b>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>11-23-59</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Neva Marshall</b>                     |  |   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
HUGH H. OWENS

**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 James E. Bachtler

Licensed Embalmer No. 4573

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.