...URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59-040168

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5764

...MENDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b 33 years.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 623 EUCLID — Inside Limits Yes ☒ No ☐

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 ☒ No ☐
d. STREET ADDRESS (If outside, give location) 623 EUCLID — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: ROBERT NELSON KOENIGSBERGER.

4. DATE OF DEATH Month Day Year: 11 - 26 - 1959

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-17-1874
9. AGE (last birthday): 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED HOTEL MANAGER.
10b. KIND OF BUSINESS OR INDUSTRY: HOTEL.
11. BIRTHPLACE (City and state or country): DES MOINES IOWA
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: JOHN KOENIGSBERGER
13b. MOTHER'S MAIDEN NAME: ELIZABETH FILLMAN
14. NAME OF HUSBAND OR WIFE: KATHERINE KOENIGSBERGER

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.: 495-07-4450
17. INFORMANT Address: EDWARD H. BREWBAKER - 1706 CONCORD CT KC, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): arteriosclerosis — 8 years
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 9.1.59 to 11-26-59 and last saw her/him alive on 11-26-59
Death occurred at 9:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank Paul Laurenzana MD
22b. ADDRESS: 428 S White Ave
22c. DATE SIGNED: 11-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11-28-59
23c. NAME OF CEMETERY OR CREMATORY: ST MARY'S CEM.
23d. LOCATION (City, town, or county) (State): KANSAS CITY MO

24. FUNERAL DIRECTOR ADDRESS: MELLODY McGILLEY EVLAR 1800 E Linwood KC, MO
25. DATE RECD. BY LOCAL REG.: 11-30-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

Frank Paul Laurenzana

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James E. Jackson

Licensed Embalmer No. 4543

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.