URI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH  59-040281												
ENDE	. D	F11,	ED VS DEC 8	19 <b>59</b> /49	nary Registration Dist	rict No. 100.	Registrar's No.	533	STATE FILE	NUMBER		
		PLACE OF DEATH     COUNTY JACKSON     D. CITY (If outside corporate limits, give TOWNSHIP only)     Length of sta				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI b. COUNTY 3						
			TOWN KANSAS	S CITY	10	gth of stay in 1b	C. CITY OR TOWN ST	JOSEPH		Inside Limits Yes No		
		l_	c. FULL NAME OF (IF HOSPITAL OR INSTITUTION VA	NOT in hospital, give loca HOSPITAL	tion)	Inside Limits Yes      No □	d. STREET ADDRESS	of o 1.05 Fredr	utside, give location)	Reside on Farm		
		7	3. NAME OF DECEASED (Type or print)	EARL First	(N)	PANI	Last G <b>OT</b>	4. DATE OF DEATH NOV	Month Day	Year 1959		
		_	s. sex MALE	6. COLOR OR RACE WHITE	Widowed 🗆	Never Married  Divorced	8. DATE OF BIRTH 6-1-98	9. AGE (lest bit	Months Day	rs Hours Min.		
		_	during most of working Checker Ior		Potato Ch	ip Co.	Avenue Cit	y, Missou	ri U.S.A.	OF WHAT COUNTRY		
			Constant P	nigot		er's maiden nam  Cain Pan  L SECURITY NO.			ME OF HUSBAND OR W			
	-		es, no, or unknown) (If	yes, give war or dates of	service)	10-5725		Records, V	Address  A Hospital	K.C. Mo.		
	DOCUMENT	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Post—Surgical Shock										
	000		which ga	ns, if any, DUE TO ()	p)							
H	-	_	stating t lying ca	ause (a), } he under- use lest. DUE TO (								
		CATION	PART II.	OTHER SIGNIFICANT C disease condition given		BUTING TO DEAT	t but not related to	the terminal	T I	d was female was mancy in last 90 days.  No Unknown		
		CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO 2	20a. ACCIDENT SUICID	E HOMICIDE	20b. DESCRIBE HOV	W INJURY OCCURRED	. (Enter nature of	njury in PART I or PART	II of item 18.)		
		WEDICAL	20c. TIME OF Hour a.m. p.m.	Month, Day, Year								
			20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W	in I form, t	OF INJURY (e.g., in actory, street, office I	or about home, 2 bldg., etc.)	of. CITY, TOWN, OR	LOCATION	COUNTY	STATE		
		,	21. If attended the dec	-	59 12:00	•	• •	d light show her flight and to the best of a	y oh/ my knowledge, from the	causes stated.		
	T OF	Hunt	220 SIGNATUR	(Deg	ree or title)		22b. ADDRESS		- Thank	22c. DATE SIGNED		
	AFFIDAVIT	23	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF	CEMETERY OR CRE	MATORY 2	ST C	ty, town, or county)	(State)		
	BY AF	7.	Stames W	olien St	Poslah 7	25. DAT	FRECD. BY LOCAL RI	EG. 26 REGIST	ekr's signature	all		
'	•		1 100	7,	(Licensed	Embalmer's Statem	ent on Reverse Side)			-		

अन्तर्देश

STATEMENT BY LICENSED EMBALMER

I hereby certify that the	e body whose name	e is recorded on the	reverse sid	e of this cer	tificate was	embalmed	by m
or by			_	, Student	Embalmer (	No	
working under my personal sup	pervision.			) /	0 1	. ,	

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.

Signature of Student Embalmer

Student,