

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 3 0 1959

'59 0 4 4 1 6 0

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6053

6053

INDEXED

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 70 Years	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2615 Belleview		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle FIERST Sr. Last FIERST Sr.			4. DATE OF DEATH Month 12 Day 14 Year 59			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/27/78	9. AGE (last birthday) 81	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Wright Foreman		10b. KIND OF BUSINESS OR INDUSTRY Wilson Packing Co.		11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Joseph Fierst		13b. MOTHER'S MAIDEN NAME Theresa Lichtanauer		14. NAME OF HUSBAND OR WIFE Christina Fierst		
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. 510-05-2200	17. INFORMANT Address Mrs Joseph Fierst Jr. K.C. Mo. 2615 Belleview			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive and atherosclerotic DUE TO (b) Cardio and Renal Vascular Disease (c) Embolism Rt Popliteal artery with gangrene and amputation					INTERVAL BETWEEN ONSET AND DEATH 2 years 3 wks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Urinary Bladder - 5 yrs					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 type="checkbox"/> NO <input checked="" 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 Hour a.m. p.m.	Month, Day, Year					
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	COUNTY	STATE	
21. I attended the deceased from Nov. 1958 to Dec. 14, 1959 and last saw ^{her} him alive on Dec. 14, 1959 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) L. D. Steffen M.D.			22b. ADDRESS 1103 Grand Ave Kansas City Mo		22c. DATE SIGNED 12-16-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-17-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City MO		
24. FUNERAL DIRECTOR Mellody McGilley Eylar		ADDRESS 20 W Linwood	25. DATE RECD. BY LOCAL REG. 12-16-59	26. REGISTRAR'S SIGNATURE Neva Minshall		

K C. Mo. (Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF L. F. Steffen

2 P.M.

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 Wm H. Lentz

Licensed Embalmer No. 5038

P. O. Address K.C. 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.