

**R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-001804**

**FILED VS FEB 1 1960**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 251 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>22 yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Saint Luke's Hosp.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>4532 Broadway</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>H.</b> Last <b>Passler Jr.</b>				4. DATE OF DEATH Month <b>1</b> Day <b>14</b> Year <b>60</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-6-1936</b>		9. AGE (last birthday) <b>23</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Photo Studio</b>			11. BIRTHPLACE (City and state or country) <b>Kansas City, Ks.</b>			12. CITIZEN OF WHAT COUNTRY <b>USA</b>				
13a. FATHER'S NAME <b>James H. Passler Sr.</b>				13b. MOTHER'S MAIDEN NAME <b>Rose Rebel</b>				14. NAME OF HUSBAND OR WIFE <b>Betty Passler</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes 1957 - 1958</b>				16. SOCIAL SECURITY NO. <b>488-38-9345</b>		17. INFORMANT Address <b>Betty Passler 4532 Broadway</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Virus</b> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b>													
19. WAS AUTOPSY PERFORMED? YES <input 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 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 <b>Oct. 1959</b> to <b>JAN. 14, '60</b> and last saw him alive on <b>JAN. 13, '60</b> Death occurred at <b>3:20 A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>John B. Justus</b> (Degree or title)				22b. ADDRESS <b>4020 Nichols Pkwy E.C. MO</b>				22c. DATE SIGNED <b>1-15-60</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-16-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>				23d. LOCATION (City, town, or county) <b>Kansas City</b>		STATE <b>Mo.</b>			
24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar</b> ADDRESS <b>20 West Linwood</b>				25. DATE RECD. BY LOCAL REG. <b>1-15-60</b>		26. REGISTRAR'S SIGNATURE <b>Neve Minshall</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **John B. Justus**

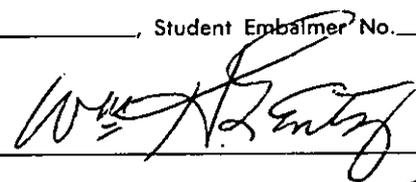
Dr. Justice  
4630 Nichols  
noon

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 503

P. O. Address K.C.M.

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.