RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 27 1960

-60-038442

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5117

IDED

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 8 Hours
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) D.O.A. Baptist Memorial Hospital — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson
c. CITY OR TOWN Prairie Village — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7701 Canterbury — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ROBERT Middle L. Last KUEMMERLEIN
4. DATE OF DEATH Month October Day 10, Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-10-16
9. AGE (last birthday) 44 — 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) Regional Manager-Kaiser Aluminum & Chemical Sales, Inc.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Saint Louis, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME George Kuemmerlein
13b. MOTHER'S MAIDEN NAME Laura Bardeen
14. NAME OF HUSBAND OR WIFE JANET KUEMMERLEIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. 397-03-2656
17. INFORMANT Mrs. Janet Kuemmerlein, Address 7701 Canterbury, Prairie Village, Kan

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Sclerosis
DUE TO (c) Hypertensive Cardiovascular disease
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 11-30-59, to 9-24-60 and last saw ~~her~~ him alive on 9-24-60
Death occurred at 3:10 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. M. Sleepin M D
22b. ADDRESS 701 E 63rd St. #201
22c. DATE SIGNED 10/11/60

23a. BURIAL, CREMATION, REMOVAL (Specify) ~~Removal~~ Burial
23b. DATE Oct. ~~12~~ 13, 1960
23c. NAME OF CEMETERY OR CREMATORY Mt. Washington
23d. LOCATION (City, town, or county) (State) ~~Detroit, Michigan~~ K.C. Mo.

24. FUNERAL DIRECTOR FREEMAN MORTUARY, ADDRESS Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 10-11-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Informant

JAN 26 1962

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clayton K Barnes

Signature of Student Embalmer

Licensed Embalmer No. 4793

P. O. Address K.R. M

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