RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 3 0 1960

-60-046228

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6214

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 Lib ~~2 days~~ Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson
c. CITY OR TOWN Overland Park — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 6401 W 82 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Stephen Middle Howard Last Mischlich
4. DATE OF DEATH Month 12/9/60 Day Year

5. SEX M
6. COLOR OR RACE W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11/14/60
9. AGE (last birthday) ~~3 Weeks~~ — IF UNDER 1 YEAR Months Days 25 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) KC, Missouri
12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME Howard Mischlich
13b. MOTHER'S MAIDEN NAME Marilyn Wary
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. None
17. INFORMANT Howard Mischlich Address 6401 W. 82.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Alcohol Dietary — 36 hours
DUE TO (c) Mongolism — From Birth.

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 12-9-60, to 12-9-60 and last saw ~~her~~ him alive on 12-9-60
Death occurred at 8 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Arden Smull (Degree or title) M.R.
22b. ADDRESS 7501 Mission Road P.V. Ks.
22c. DATE SIGNED 12-10-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12/10/60
23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery
23d. LOCATION (City, town, or county) (State) Salina Kansas

24. FUNERAL DIRECTOR ADDRESS Ralph Fulton, Kansas City, Kansas
25. DATE RECD. BY LOCAL REG. 12-10-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF Ned W. Smull

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 Ralph Fulto

Licensed Embalmer No. 30 5

P. O. Address KC K

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