

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-044830

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5792 STATE FILE NUMBER 5792

FILED DEC 18 1961

1. PLACE OF DEATH
 a. COUNTY JACKSON
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of 15 in 15 hours
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION ST LUKES HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY JACKSON
 c. CITY OR TOWN KANSAS CITY Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) 613 E. 27 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First RACHEL Middle E. Last KRENZKY
 4. DATE OF DEATH Month NOVEMBER Day 15 Year 1961

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 7-12-61 9. AGE (last birthday) 4 months 3 days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Kansas City, Missouri 12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME Frank Krenzky 13b. MOTHER'S MAIDEN NAME Alice Rae Mrs Eisenhour 14. NAME OF HUSBAND OR WIFE None

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. NONE 17. INFORMANT Frank Krenzky Address 613 E 27th St KCMO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Bilateral Subdural Hematoma INTERVAL BETWEEN ONSET AND DEATH ?
 DUE TO (b) Unknown
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Cardiac Decompensation
 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 1 PM 11/14/61 to 11/15/61 and last saw her/him alive on 10 PM 11/15/61
 Death occurred at St Lukes Hospt. KCMO 3:44 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clark W. Seelye M.D. 22b. ADDRESS 461 Nichols Rd. 22c. DATE SIGNED 11/16/61

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal 23b. DATE 11-16-61 23c. NAME OF CEMETERY OR CREMATORY MT HOPE 23d. LOCATION (City, town, or county) (State) K. C. KANSAS

24. FUNERAL DIRECTOR John & Son K. Kane ADDRESS 25. DATE RECD. BY LOCAL REG. 11-20-61 26. REGISTRAR'S SIGNATURE Keith Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION
 Clark W. Seelye

7774

Dr. - 2000

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Phil C. Johnson

Licensed Embalmer No. 3135

P. O. Address KCK

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.