

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4891 **63-036324**
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4891

FILED SEP 23 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Daniel J. Lauer

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		a. STATE Missouri b. COUNTY Jackson		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		Length of stay in lb Life		d. STREET ADDRESS (If outside, give location) 4600 J. C. Nichols Pkwy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Mr. Frederick H. Michaelis				4. DATE OF DEATH September 4, 1963			
5. SEX Male		6. COLOR OR RACE Caucasian		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 22, 1885	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker, E. B. Murray Real Estate Company		10b. KIND OF BUSINESS OR INDUSTRY Kansas City, Mo.		11. BIRTHPLACE (City and state or country) U. S. A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME George Michaelis		13b. MOTHER'S MAIDEN NAME Louisa Essinger		17. NAME OF HUSBAND OR WIFE Mabel Michaelis			
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. 405-01-0057		17. INFORMANT Address Mabel Michaelis, 4600 J. C. Nichols Pkwy, Kansas City, Mo.			
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)				INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) Bronchopneumonia				3 days			
DUE TO (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) cerebral thrombosis				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 1957 to present and last saw her live on 3 Sept 63 Death occurred at 12:40 A on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Daniel J. Lauer MD		(Degree or title)		22b. ADDRESS 4320 Unshell Rd.		22c. DATE SIGNED 4 Sept 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-7-63		23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Stine & McClure - K. C., Missouri		ADDRESS		25. DATE RECD. BY LOCAL REG. 9-5-63		26. REGISTRAR'S SIGNATURE Beaie Smith	

Rev. Kemble, Grand & Jones
240 Medicine College Bldg.
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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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, 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.