

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-63-043907**  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5

**FILED DEC 11 1963**

DO NOT WRITE ON THIS STUB

AMENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in 1b <u>57 yrs.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>3312 W. Coleman</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Haven Manor Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		3. NAME OF DECEASED (Type or print) First Middle Last <u>PETER O FERSTL</u>	

4. DATE OF DEATH Month Day Year <u>November 21 1963</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>4-21-1879</u> 9. AGE (last birthday) <u>84</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paper Carrier</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Kansas City Star</u>		11. BIRTHPLACE (City and state or country) <u>Bavaria, Germany</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Ferstl</u> 13b. MOTHER'S MAIDEN NAME <u>Anna Grauvogel</u>	
14. NAME OF HUSBAND OR WIFE <u>Katharine Ferstl</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> 16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT Address <u>Mrs. Catherine Trussell 3312 W. Coleman</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:	

IMMEDIATE CAUSE (a) <u>Cerebral Artery Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hr</u>	
DUE TO (b) <u>Cerebral Artery Arteriosclerosis</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
DUE TO (c)		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 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.) <u>Kansas City Jackson Missouri</u>	
20f. CITY, TOWN, OR LOCATION COUNTY STATE		21. I attended the deceased from <u>Jan 1959</u> to <u>11-20-63</u> and last saw <u>live</u> on <u>11-20-63</u>	

21. Death occurred at <u>11-21- 3 a. m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>J. L. Shireman, M.D.</u> 22b. ADDRESS <u>4606 St John K.C. Mo</u> 22c. DATE SIGNED <u>11-22-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>11-23-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Melody-McGilley-Eylar 20 W. Linwood</u>		25. DATE RECD. BY LOCAL REG. <u>11-22-63</u> 26. REGISTRAR'S SIGNATURE <u>Beasie Smith</u>	

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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
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 SHOULD READ  
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DOCUMENT  
 MEDICAL CERTIFICATION  
 AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Mr. H. L. Shireman  
4606 St. John  
Be 1-4191

Fri. 1:30 to 5:00

**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

*James E. Kachikeman*

Licensed Embalmer No. 4523

P. O. Address 1509 7th

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: