

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009393  
STATE FILE NUMBER  
1309

FILED MAR 26 1959

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran		Length of stay in lb HOSP. 30 YEARS		d. STREET ADDRESS 5621 Park AVENUE (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GEORGE Middle HENRY Last FESSLER			4. DATE OF DEATH Month March Day 9 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 4, 1900	9. AGE (In years last birthday) 58	10. FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sander Benson		10b. KIND OF BUSINESS OR INDUSTRY Mfg. Company		11. BIRTHPLACE (City and state or country) Gypsum, Kansas	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Benjamin F. Fessler			
13b. MOTHER'S MAIDEN NAME Alma Ostberg		14. NAME OF HUSBAND OR WIFE Ruth Fessler			
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. 486-09-1924		17. INFORMANT Address MISSOURI Ruth Fessler, 5621 Park, Kansas City	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Metastatic Compression of the Spinal Cord</u> DUE TO (c) <u>Bronchogenic Carcinoma</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1001</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 month</u> <u>1 year</u>
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. Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 1945 to March 9, 1959 and last saw him alive on March 9, 1959 Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>D. W. Newcomer</u> (Degree or title)		22b. ADDRESS <u>700 Prof Bg Kansas City 6 Mo</u>		22c. DATE SIGNED <u>March 10, 1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mch. 12, 1959		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
23d. LOCATION (City, town, or county) Kansas City		23e. STATE Missouri			
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, K.C., Missouri		25. DATE RECD. BY LOCAL REG. 3-12-59		26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>	



### 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 *Edward M. Storey* .....

Licensed Embalmer No. *4452* .....

P. O. Address *K.C. 10 M* .....

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.