

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011049

FILED 18 MAR 28 1960

149

Primary Registration District No. 1002

Registrar's No.

1443

STATE FILE NUMBER

ENDER

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		Length of stay in 1b 43yrs.		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5606 VIRGINIA			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5606 VIRGINIA		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last TRESSIE LORENA KISTLER				4. DATE OF DEATH Month Day Year MARCH 8, 1960				
5. SEX FEMALE		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 AUG 7, 1894 65 yrs.		
9. AGE (last birthday)		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SALES LADY		10b. KIND OF BUSINESS OR INDUSTRY HAVENSVILLE KANSAS		
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME I N CASSITY		13b. MOTHER'S MAIDEN NAME VIOLA BREWER		
14. NAME OF HUSBAND OR WIFE ALFRED R. KISTLER		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. 490 24 2603		17. INFORMANT ALFRED R. KISTLER 5606 VIRGINIA		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ① CORONARY THROMBOSIS DUE TO (b) ② A.H.C.U.D. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 1 HOUR 4 YRS.		
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. <input type="checkbox"/> Yes <input checked="" 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 12-08-39 to 3-8-60 and last saw her alive on 3-8-60		Death occurred at 9:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE C. Quistgaard		(Degree or title)		22b. ADDRESS 6741 Prospect K.C.		22c. DATE SIGNED 3-8-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MARCH 11, 1960		23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.		
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KC. MO.		ADDRESS		25. DATE RECD. BY LOCAL REG. 3-10-60		26. REGISTRAR'S SIGNATURE Irene Marshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF C. Quistgaard

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 B. D. Nelson

Licensed Embalmer No. 4421

P. O. Address Kansas

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.