

DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ED VS JUL 31 1959

59-024977

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3456 STATE FILE NUMBER

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> | | Length of stay in 1b <u>Life</u> | | CITY OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Elms Nursing Home</u> | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS <u>5925 Cherry</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>ADELE</u> Middle <u>H.</u> Last <u>BAINUM</u> | | | | 4. DATE OF DEATH Month <u>7</u> Day <u>14</u> Year <u>59</u> | | | |
| 5. SEX <u>Fe</u> | | 6. COLOR OR RACE <u>Wh</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>8-31-76</u> | |
| 9. AGE (last birthday) <u>82</u> | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>xx</u> | | 11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>Henry J. Hucke</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Anna Fishlie</u> | | 14. NAME OF HUSBAND OR WIFE <u>George Bainum</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes, give war or dates of service) <u>No</u> <u>xx</u> | | | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT <u>Rudy Eysell, 750 W. 47th St. KC Mo</u> | |
| 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>Heart failure from atherosclerosis</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>years</u> | |
| 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 type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u> </u> a.m. <u> </u> p.m. <u> </u> | | 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 <u>Nov. 26 1956</u> to <u>July 13 59</u> and last saw her alive on <u>July 13. 19 59</u> Death occurred at <u>2:00 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>0</u> | | | | 22b. ADDRESS <u>7449 Broadway</u> | | 22c. DATE SIGNED <u>7-14-59</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Emetation</u> | | 23b. DATE <u>7-16-59</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory</u> | | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | |
| FUNERAL DIRECTOR ADDRESS <u>Wagner Funeral Home K C Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>7-15-59</u> | | 26. REGISTRAR'S SIGNATURE <u>Neva Minshel</u> | |

VS - MAY 12 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Alvin R. Hansen

Licensed Embalmer No. H

P. O. Address H. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to sign 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.