S. No. 300
v. 10-48

FILED SEP 19 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 30397

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3778

**1. PLACE OF DEATH**
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 417 W. 59th St. Ter.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 417 W. 59 St. Ter.

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**3. NAME OF DECEASED** (Type or Print)
a. (First) NORTH
b. (Middle) WELCH
c. (Last) LIENTZ

**4. DATE OF DEATH** (Month) (Day) (Year) Sept. 1 1949

**5. SEX** M
**6. COLOR OR RACE** W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married
**8. DATE OF BIRTH** Oct. 3, 1892
**9. AGE** (In years last birthday) 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Dist. Sup. Western Union
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country) Illinois
**12. CITIZEN OF WHAT COUNTRY?** US

**13a. FATHER'S NAME** Wm. Lientz
**13b. MOTHER'S MAIDEN NAME** Unknown
**14. NAME OF HUSBAND OR WIFE** Gretchen M. Lientz

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** 486 01 1935
**17. INFORMANT'S SIGNATURE OR NAME** Mrs. Gretchen M. Lientz — ADDRESS 417 W. 59 St. TERR.

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

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**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** Deputy Coroner
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

**23a. SIGNATURE** A.E.Upsher (Degree or title) A E Upsher MD
**23b. ADDRESS** 2800 Main
**23c. DATE SIGNED** 9/2/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify) cremation burial
**24b. DATE** 9/2/49
**24c. NAME OF CEMETERY OR CREMATORY** Elmwood
**24d. LOCATION** (City, town, or county) (State) Kansas City, Mo.

**DATE REC'D BY LOCAL REG.** 9-2-49
**REGISTRAR'S SIGNATURE** Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE** Kansas City, Mo. — ADDRESS STINE & MCCLURE CO. KANSAS CITY MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 15 1944

## 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 .....
Student Embalmer

Signed Charles H Stickney

Licensed Embalmer No. 4560

P. O. Address .....

**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 this body is not embalmed, fact should be so stated above.