

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21140

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>15 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		<u>1904</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1523 East 9th</u>				d. STREET ADDRESS (If rural, give location) <u>1523 East 9th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRITZ</u> b. (Middle) <u>KURTZ</u> c. (Last) <u>KURTZ</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 13, 1950</u>			
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>7</u>		8. DATE OF BIRTH <u>Feb. 28, 1866</u>	
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Morgan County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>Chris Kurtz</u>			
13b. MOTHER'S MAIDEN NAME <u>Anna unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Justina Bultemeier</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>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Kurtz, 1523 E. 6th</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Squamous Cell cancer</u> ANTECEDENT CAUSES <u>Metastases to Neck - Metastases</u> DUE TO (b) <u>Primary site lower lip (biopsy report)</u> DUE TO (c) <u>Arteriosclerosis, General</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH				19a. DATE OF OPERATION <u>July 13, 1950</u>			
19b. MAJOR FINDINGS OF OPERATION				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 <u>July</u> , 19 <u>47</u> , to <u>June</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 13, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Siegel MD</u>				23b. ADDRESS <u>Smithton MO</u>		23c. DATE SIGNED <u>12 June 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/15/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>	
DATE RECEIVED BY LOCAL REG. <u>6/15/50</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Evans</u> ADDRESS <u>Sedalia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

ORIGINAL COPY UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 19
District Health Officer No. 8,
District File Number _____
Date Filed 7/6 50

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 _____

R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia, Mo.

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.