

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24575

State File No.

2967

5. No. 300
v. 10-48

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2967

| | | | | | |
|---|--|--|---|--|------|
| 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, write RURAL and give township) OR TOWN KANSAS CITY | | c. LENGTH OF STAY (In this place) 10 YRS. | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | 2618 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL | | | d. STREET ADDRESS (If rural, give location) 4612 SO. BENTON | | |

| | | | | | |
|---|---------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) IONA b. (Middle) BELLE c. (Last) MERTZ | | | 4. DATE OF DEATH (Month) (Day) (Year) 6-28-52 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH March 11, 1891 | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR: Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? USA |

| | | | | | |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME SAMUEL HACKNEY | | 13b. MOTHER'S MAIDEN NAME SARAH K. HUNTER | | 14. NAME OF HUSBAND OR WIFE WILLIAM D. MERTZ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME WILLIAM D. MERTZ ADDRESS 4612 So. Benton | |

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|---|--|---|--|--|---|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ac. hemorrhagic Pneumonitis | | | INTERVAL BETWEEN ONSET AND DEATH 48 hr 58 hr 4 hr 45 hr |
| | | 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. cholecystitis cholecystectomy | | | |

| | | | | | |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION 6/26/52 | | 19b. MAJOR FINDINGS OF OPERATION cholecystitis cholecystectomy | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from 6/22, 1952, to 6/28, 1952, that I last saw the deceased alive on 6/27, 1952, and that death occurred at 3 P m., from the causes and on the date stated above.

| | | | | | |
|--|--|--------------------------------------|--|--|--|
| 23a. SIGNATURE H. C. Trippe (Degree or title) _____ | | 23b. ADDRESS 1014 Argyle Bldg | | 23c. DATE SIGNED 6/28/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE 6-28-52 | | 24c. NAME OF CEMETERY OR CREMATORY _____ | |
| | | | | 24d. LOCATION (City, town, or county) (State) LAMAR, MISSOURI | |

| | | | | | |
|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 6-30-52 | | REGISTRAR'S SIGNATURE Geraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE STINE & MC CLURE ADDRESS KANSAS CITY, MO. | |
|---|--|---|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

1754
W. A. C. J.
Rynga Bldg
Ha 3454

AUG 25 1955

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 _____

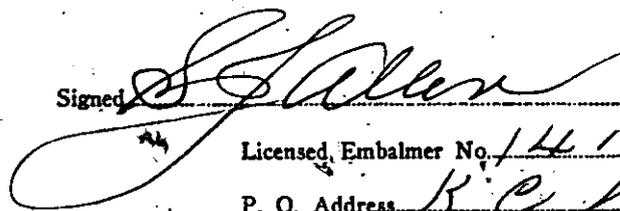
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. 1415

P. O. Address R. C. Mt

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.