

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

10.48

FILED FEB 20 1953

REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No. 28

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

1. PLACE OF DEATH a. COUNTY <u>Cross</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cross</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Garden City-Rural-Camp Branch</u>	
c. LENGTH OF STAY (in this place) <u>1 yr. 4 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles North</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phos. View Rest Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>-</u> c. (Last) <u>KURTZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 8 53</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 1-1863</u>
9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Johann Hettick</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Charles August Kurtz</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give way or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eva Kurtz - Garden City, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cancer of Face</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>480xH</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Feb. 2, 1953</u> to <u>Feb. 8, 1953</u> , that I last saw the deceased alive on <u>Feb. 8, 1953</u> , and that death occurred at <u>4 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J.S. Triplett, M.D.</u> (Degree or title)		23b. ADDRESS <u>Harrisville Mo</u>	23c. DATE SIGNED <u>2-9-53</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 11-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Moriah Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Feb 10 1953</u>	REGISTRAR'S SIGNATURE <u>Dora Barner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson &amp; Wiley Funeral Home</u>	ADDRESS <u>Garden City Missouri</u>

RECEIVED

FEB 14

CASS COUNTY  
HEALTH DEPARTMENT

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 Bill J. Shippy

Licensed Embalmer No. 4085

P. O. Address Under City, 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.