

FILED MAR 7 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

906

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 1 yr		d. STREET ADDRESS (If rural, give location) 6816 East 12 St Terrace	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6816 East 12 Terrace			

3. NAME OF DECEASED (Type or Print) a. (First) John William b. (Middle) Moritz c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Feb. 11 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 27 1866	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Triplett Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Moritz	13b. MOTHER'S MAIDEN NAME Elizabeth Broady	14. NAME OF HUSBAND OR WIFE Myrtle Moritz
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Myrtle Moritz	ADDRESS 6816 East 12 St Terrace
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		15 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Oct 10, 1952 to Feb 11, 1953, that I last saw the deceased alive on Feb 11, 1953, and that death occurred at 11:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE Kayrol Simalla (Degree or title) Kayrol Simalla D.O.	23b. ADDRESS 2610 Troost K.C. Mo	23c. DATE SIGNED Feb 11-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 11 1953	24c. NAME OF CEMETERY OR CREMATORY Bethany Cem.	24d. LOCATION (City, town, or county) (State) Keytesville Missouri
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DATE REC'D BY LOCAL REG. 2-11-53	REGISTRAR'S SIGNATURE Deraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Mrs C.L. Forster	ADDRESS 918 Brooklyn K.C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2610 Street

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 *J. W. H. Herick*
Licensed Embalmer No. 3599

P. O. Address *A. C. M.*

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.