

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

State File No. **6325**

No. 300
10-48

FILED FEB 18 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>544</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>5</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 3048</u>		d. STREET ADDRESS (If rural, give location) <u>735 30 GARLAND</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEWBURY CONU HOME</u>				3. NAME OF DECEASED a. (First) <u>IGNATZ</u> b. (Middle) _____ c. (Last) <u>STRACK</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>1 26 53</u>		5. SEX <u>M O</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>			
8. DATE OF BIRTH <u>8/3/70</u>		9. AGE (In years last birthday) <u>82</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brewery Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>ALSACE LORRAINE 5</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>STRACK</u>		13b. MOTHER'S MAIDEN NAME <u>NORELOYD</u>			
14. NAME OF HUSBAND OR WIFE <u>ELIZABETH TAMPOSCH</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>30</u>		17. INFORMANT'S SIGNATURE OR NAME <u>New Adam Strack</u> ADDRESS <u>K.C. MO</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatitis and pyelitis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>611 N</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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>March 19 52</u> to <u>Jan 25, 1953</u> , that I last saw the deceased alive on <u>Jan 25, 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Roy G. Drake MD</u> (Degree or title)				23b. ADDRESS <u>2414 Telegraph Bldg</u>		23c. DATE SIGNED <u>1-26-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1/29/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST MARYS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>			
DATE REC'D BY LOCAL REG. <u>1-27-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SHIELDS</u> ADDRESS <u>K.C. MO</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

235200 3:00

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. P. Sheil

Licensed Embalmer No. 3625

P. O. Address Kel 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.