

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

14301

State File No. _____

1807

FILED APR 25 1953

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|--|--|--|---|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) | | | | | |
| a. COUNTY Jackson | | b. CITY (If outside corporate limits, write RURAL and give town) Kansas City | | a. STATE Missouri | | b. COUNTY Jackson | | | |
| c. CITY OR TOWN Kansas City | | c. LENGTH OF STAY (If applicable place) 10 yrs | | c. CITY OR TOWN Kansas City | | 3228 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 18th & Washington | | | | d. STREET ADDRESS (If rural, give location) 1904 Chelsea | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) MR. MELVIN | | | b. (Middle) JOHN | | | |
| | | | c. (Last) KURTZ | | | 4. DATE OF DEATH (Month) (Day) (Year) April 1, 1953 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH July 23, 1922 | | | |
| | | | | | | 9. AGE (In years last birthday) 30 | | | |
| | | | | | | IF UNDER 1 YEAR Months _____ Days _____ | | | |
| | | | | | | IF UNDER 1 HR. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman | | | | 10b. KIND OF BUSINESS OR INDUSTRY K.C.F.D. | | 11. BIRTHPLACE (City and State or Foreign Country) Sweet Springs, Mo. | | | |
| | | | | | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME Charles Kurtz | | | 13b. MOTHER'S MAIDEN NAME Ida Reinwald | | | 14. NAME OF HUSBAND OR WIFE Joyce Kurtz | | | |
| 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. 497-12-5936 | | | 17. INFORMANT'S SIGNATURE OR NAME Mrs Joyce Kurtz | | | |
| | | | | | | ADDRESS K.C. Mo. | | | |
| 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. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | | | Fractured Skull Face | | | | | |
| ANTECEDENT CAUSES | | | | DUE TO (b) _____ | | | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (c) _____ | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 123 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, in m. factory, street, office bldg., etc.) Appt. House | | 21c. (CITY, TOWN, OR TOWNSHIP) Jackson Mo | | (COUNTY) Jackson | | (STATE) Mo | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-1-53 | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Building Collapsed | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Hugh H. Owens | | | | | 23b. ADDRESS 1034 Rialto Bldg | | 23c. DATE SIGNED 4-3-53 | | |
| 23d. BURIAL CREMATION (REMOVAL) (Specify) Burial | | 23e. DATE April 4, 1953 | | 23f. NAME OF CEMETERY OR CREMATORY Woodlawn | | 23g. LOCATION (City, town, or county) (State) Indep. Mo. | | | |
| DATE REC'D BY LOCAL REG 4-3-53 | | | REGISTRAR'S SIGNATURE Seraldine Smith | | | 25. FUNERAL DIRECTOR'S SIGNATURE Chas Mitchell | | ADDRESS Indep, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Henry P. Mitchell

Licensed Embalmer No. 3925

P. O. Address Andes, 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.