

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20410

State File No. \_\_\_\_\_

FILED MAY 26 1953

BIRTH NO. _____		REG. DIST. NO. <u>B23</u>		PRIMARY REG. DIST. NO. <u>4474</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweet Springs</u>		c. LENGTH OF STAY (In this place) <u>6 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweet Springs 0970</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>305 N. Locust</u>				d. STREET ADDRESS (If rural, give location) <u>305 N. Locust</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u>			b. (Middle)			c. (Last) <u>Kurtz</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 21 1953</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never MARRIED</u>		8. DATE OF BIRTH <u>Dec 14 1980</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Florence Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>William Kurtz</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Albers</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Louis Kuelter, Sweet Springs, 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>Coronary thrombosis.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertensive &amp; arteriosclerotic cardio-vascular disease.</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Angina Pectoris, severe</u>					INTERVAL BETWEEN ONSET AND DEATH <u>immediately</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/26/11</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) (Min.)		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>Dec 1951</u> , to <u>21 May, 1953</u> , that I last saw the deceased alive on <u>19 May, 1953</u> and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ralph H. Jones M.D.</u>				23b. ADDRESS <u>Sweet Springs, Mo.</u>		23c. DATE SIGNED <u>21 May 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 23, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sweet Springs Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5/23/53</u>		REGISTRAR'S SIGNATURE <u>Dolley Andrew</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar J. Mowley</u>		ADDRESS <u>Sweet Springs, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0970  
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**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

*Edgar L. Moseley*

Licensed Embalmer No. 4711

P. O. Address

*Sweet Springs, 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.