

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21588

State File No. _____

2763

FILED JUN 23 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 2002 Registrar's No. _____

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 OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (In this place) <u>6 wks</u>		c. CITY OR TOWN <u>KANSAS CITY</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4201 Woodland</u>		e. STREET ADDRESS (If rural, give location) <u>RD 5833-E-104</u>	
3. NAME OF DECEASED (First) <u>Pearl</u> (Middle) <u>Mettie</u> (Last) <u>HERTZOG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-30-53</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH _____
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STONEKASPER</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>CONFECTIONARY</u>	
11. BIRTHPLACE (City and State Foreign Country) <u>RED OAK IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>ROYAL M. ROBERTS</u>		13b. MOTHER'S MAIDEN NAME <u>NO RECORD</u>	
14. NAME OF HUSBAND OR WIFE <u>W. H. HERTZOG</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>492-12-6351</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Webster Knight</u> ADDRESS <u>KE 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation of the heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443K</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>5-1</u> , 19 <u>52</u> , to <u>5-30</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-10</u> , 19 <u>53</u> , and that death occurred at <u>2:40 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Richard W. Gunn</u> (Degree or title) <u>MD MD</u>		23b. ADDRESS <u>6230 Truman Rd KE 3E, 2</u>	
23c. DATE SIGNED <u>5-31-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>	
24b. DATE <u>6/2/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington</u>	
24d. LOCATION (City, town, or county) (State) <u>K.C. MO</u>		DATE REC'D BY LOCAL REG. <u>6-1-53</u> REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>STREIBER</u> ADDRESS <u>KE MO</u>			

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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Richard E. Carroll*

Licensed Embalmer No. *4829*

P. O. Address *H. E. Me.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.