

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28603

State File No. 4173

FILED SEP 11 1953

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

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

<b>1. PLACE OF DEATH</b> a. 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>39 YEARS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Continental Hotel</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>4415 Virginia Avenue 3638</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>James</u> b. (Middle) <u>BYRON</u> c. (Last) <u>Feurt</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>August 21 1953</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>MAR-6-1896</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>OWNER Filling Station</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>JAMISON MISSOURI</u>	
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>EQUIPMENT COMPANY</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>JAMES FEURT</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>LILLIAN IRVIN</u>	
<b>13c. NAME OF HUSBAND OR WIFE</b> <u>MRS FLORENCE FEURT</u>		<b>14. NAME OF HUSBAND OR WIFE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>		<b>16. SOCIAL SECURITY NO.</b> <u>486-03-5972</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>MRS. FLORENCE FEURT</u>		<b>17. ADDRESS</b> <u>4415 VIRGINIA AVE. KANSAS CITY, MO.</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina Pectoris (Coronary Stricture)</u> DUE TO (c) <u>Obesity</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 days</u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	
<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>2/18</u> , 19 <u>46</u> , to <u>8/15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8/15</u> , 19 <u>52</u> , and that death occurred at <u>11:15 P.M.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>R. R. Becker</u> (Degree or title)		<b>23b. ADDRESS</b> <u>Kansas City, Mo.</u>	
<b>23c. DATE SIGNED</b>		<b>23d. SIGNATURE</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u>		<b>24b. DATE</b> <u>Aug-25-1953</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>NIT-MORIAN CEMETERY</u>		<b>24d. LOCATION (City, town, or county) (State)</b> <u>KANSAS CITY.. MISSOURI</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>8-25-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Sheraldine Smith</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>DW Newcomer</u>		<b>25. ADDRESS</b> <u>315 S. 1st St. Kansas City, Mo.</u>	

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 *Robert J. Boyer* .....  
Student Embalmer No. ....

Licensed Embalmer No. *489* .....  
P. O. Address *K. C. 10, 11* .....

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.