

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>30 years</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"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3637 TRACY</u>				e. STREET ADDRESS (If rural, give location) <u>52 3637 TRACY 3538</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHRISTIAN</u> b. (Middle) <u>FREDERICK</u> c. (Last) <u>WOLZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 25 1953</u>				
5. SEX <u>♂</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>April 25, 1873</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Federal Reserve Bank</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bayaria 4</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Belle Hayden Wolz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Belle Wolz, 3637 Tracy, K.C. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 Hrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Arteriosclerosis</u> <u>5 Years.</u> DUE TO (c) <u>General Arteriosclerosis</u> <u>5 Years.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</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>May 7, 1952</u> , to <u>25 Aug, 1953</u> , that I last saw the deceased alive on <u>25 Aug, 1953</u> and that death occurred at <u>4:40 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Philip G. Kaul</u> (Degree or title) <u>MD MD</u>				23b. ADDRESS <u>411 Nichols Road</u>		23c. DATE SIGNED <u>26 Aug 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug. 27, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-26-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bentley Mortuary, 5811 Troost, K.C. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Phillip Kaul
Plaza Times Bldg.
Je 1226
Res: TA 3888

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..... *John R. Sidmo*
Licensed Embalmer No. *453*
P. O. Address *Kansas City*

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.