

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31801**  
**4289**  
Registrar's No. \_\_\_\_\_

FILED SEP 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Shawnee</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>1 week</b>	c. CITY OR TOWN <b>Topeka</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>1283 Wayne</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ernest</b> b. (Middle) <b>T</b> c. (Last) <b>Gentzler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>September 1 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1881 March 28, 1879</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fireman (ret) KCMO</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Union Pacific R.R.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>WILSON Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>ISAAC</b>		13b. MOTHER'S MAIDEN NAME <b>GENTZLER MARY REYNOLDS</b>		14. NAME OF HUSBAND OR WIFE <b>Myrtle Gentzler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>712-03-3796</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS MYRTLE GENTZLER</b> ADDRESS <b>1283 WAYNE TOPEKA KANSAS</b>		
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 y</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>4200</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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 <b>8-21-53</b> , to <b>9-1-53</b> , that I last saw the deceased alive on <b>9-1-53</b> , and that death occurred at <b>4:45 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Graham Owens</b> (Degree or title) <b>D</b>			23b. ADDRESS <b>W.D. POGGARD KCMO</b>		23c. DATE SIGNED <b>9-1-53</b>
24a. BURIAL CREMA-TION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>SEPT-1-1953</b>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>TOPEKA, KANSAS</b>	
DATE REC'D BY LOCAL REG. <b>9-1-53</b>	REGISTRAR'S SIGNATURE <b>Lealdine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D W Newcomers Sons Kansas City Mo</b>		

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 *Albert L. Savage*.....

Licensed Embalmer No. *4872*.....

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.