

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1271

State File No. \_\_\_\_\_  
Registrar's No. **261**

BIRTH NO. **FILED FEB 4 1954** 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>Mo.</b> b. COUNTY <b>Jackson</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>21 yrs.</b>	c. CITY OR TOWN <b>Kansas City</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 of location) HOSPITAL OR INSTITUTION <b>MEMORAH Medical Center</b>		e. STREET ADDRESS (If rural, give location) <b>42 2828 Harrison ST.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>NETTIE</b> b. (Middle) <b>DEGEN</b> c. (Last) <b>DEGEN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 15 54</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>11-8-72</b>
9. AGE (In years last birthday) <b>81</b>	10. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Austria 4</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Austria 4</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Moses Degen</b>	13b. MOTHER'S MAIDEN NAME <b>Fremel (Unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>Harry DEGEN, Sr.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS: <b>Mrs. Frances J. Check 2828 Harrison - Home</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>acute</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute pulmonary edema</b>		
	DUE TO (c) <b>Myocarditis, Hypertension</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>			<b>15 years</b>

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) (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 **1952 to Jan 15, 1954**, that I last saw the deceased alive on **Jan 15, 1954**, and that death occurred at **4:23 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Fred Inwig</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1610 Poplar Bluffs</b>	23c. DATE SIGNED <b>Jan 16, 54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1-18-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pine Lawn Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>Fort Scott, Kansas</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>R.W. NEWCOMER'S</b>	ADDRESS <b>1331 BRUSH CREEK R.C. Mo.</b>
DATE REC'D BY LOCAL REG. <b>1-18-54</b>	REGISTRAR'S SIGNATURE <b>Sheldine Smith</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..... *A. J. Louis* .....

Licensed Embalmer No... *311* .....

P. O. Address... *K.C.* .....

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.