

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1355**

No. 300
10.48

BIRTH NO. **1355** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **396**

oklahoma
FILED FEB 11 1954

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Kansas City, Mo		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 15th 16mi		d. STREET ADDRESS (If rural, give location) 3808 NW 5813 Garfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION Childrens Mercy Hospital		3. NAME OF DECEASED a. (First) Christopher b. (Middle) Thomas c. (Last) Hertzelt	
4. DATE OF DEATH (Month) (Day) (Year) 1 24 1954		5. SEX M 6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby		8. DATE OF BIRTH 10-29-53	
9. AGE (In years last birthday) 2 10. MONTHS 25 11. DAYS 15 12. HOURS 10		13a. FATHER'S NAME Clement Hertzelt	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		13b. MOTHER'S MAIDEN NAME Mary Frances Smith	
10b. KIND OF BUSINESS OR INDUSTRY		14. NAME OF HUSBAND OR WIFE none	
11. BIRTHPLACE (City and State or Foreign Country) Stillwell, Okla.		12. CITIZEN OF WHAT COUNTRY? U. S. A	
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. NONE	
17. INFORMANT'S SIGNATURE OR NAME Clement Hertzelt		ADDRESS 5813 Garfield, K.C. Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endocardial Fibroelastosis INTERVAL BETWEEN ONSET AND DEATH 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 1-23 , 1954, to 1-24 , 1954, that I last saw the deceased alive on 1-24 , 1954, and that death occurred at 7:25/a m., from the causes and on the date stated above.	
23a. SIGNATURE Wayne Hart (Degree or title) Dr.		23b. ADDRESS Kansas City, Mo.	
23c. DATE SIGNED 1-24-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1-25-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	
24d. LOCATION (City, town, or county) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Melody McElley-Egan	
DATE REC'D BY LOCAL REG 1-25-54		REGISTRAR'S SIGNATURE Sheraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Melody McElley-Egan		ADDRESS H.C.	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed William Pastore

Licensed Embalmer No. 4903

P. O. Address Kc Mo

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 this body is not embalmed, fact should be so stated above.