

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. .... Registrar's No. 275

BIRTH NO. ....		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 275	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Doniphan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph.		c. LENGTH OF STAY (In this place) 20 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy		4150 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp/				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Samuel C. Kurtz.			4. DATE OF DEATH (Month) (Day) (Year) March 12 1954				
5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 5/5/1891		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Packing House.		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel Kurtz.		13b. MOTHER'S MAIDEN NAME Alice Stauffer		14. NAME OF HUSBAND OR WIFE Never Married			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 511-22-5020		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy L. Benn Troy Kansas			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Arteriosclerosis, General  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 1 hour  Unknown  Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		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.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) home			
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? fall			
22. I hereby certify that I attended the deceased from 2-20, 1954, to 2-12, 1954, that I last saw the deceased alive on 3-11, 1954, and that death occurred at 1AM m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Allen Siderman M.D.				23b. ADDRESS 706 Francis St.		23c. DATE SIGNED 3/12/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/12/54	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive		24d. LOCATION (City, town, or county) (State) Troy Kansas		
DATE REC'D BY LOCAL REG. Mar 12, 1954		REGISTRAR'S SIGNATURE 485 Esther M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vernon B. Schmitts Troy Kas			

FILED MAR 15 1954

MAR 23 1954

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Charles E. Bennett*

Signed.....  
Student Embalmer

Licensed Embalmer No. *12677*

P. O. Address *St. Joseph, 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.