

FILED JUL 11 1955

STANDARD CERTIFICATE OF DEATH

19099

State File No.

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 25

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

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 (If outside corporate limits, write RURAL and give township) <u>GRANDVIEW</u>	c. LENGTH OF STAY (In this place) <u>3 WKS</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>GRANDVIEW RESTORUM</u>		STREET ADDRESS (If rural, give location) <u>5937 CHERRY STREET 38th</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>MANTKE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 1, 1955</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC 31, 1873</u>	9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED 10 YRS</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>WESTERN UNION</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>NILES, Michigan</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JOSEPH MANTKE</u>	13b. MOTHER'S MAIDEN NAME <u>MARIE UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs NELLIE M. MANTKE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>476-03-3350A</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS NELLIE M. MANTKE 5937 CHERRY ST. KANSAS CITY, MO.</u>

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) <u>Chronic myocarditis</u> ANTECEDENT CAUSES: <u>Coronary sclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>H2O0</u>		INTERVAL BETWEEN ONSET AND DEATH
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo C. Beckley, M.D., Captain, Coronary 6627 Broadway St. New</u>	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED <u>7-2-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July 4, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>EMPORIA, KANSAS</u>
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DATE RECD BY LOCAL REG. <u>7/4/55</u>	REGISTRAR'S SIGNATURE <u>Detling G. Proddard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. NEW COMER'S SONS</u>	1331 ADDRESS <u>K.C. MO. BRUSH (REK BLVD)</u>
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(Licensed Embalmer's Statement on Reverse Side)
493-0

JUL 12 1952

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 B Lewis
Licensed Embalmer No.....
A

P. O. Address.....
KCM

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.