

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26233  
3746

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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>Johnson</b>	
b. CITY (If outside corporate limits write RURAL and give township) <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>non Resident</b>	c. CITY OR TOWN <b>LEAWOOD</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 INSTITUTION <b>ATTENS DRIVE TUN-63rd &amp; Paseo</b>		e. STREET ADDRESS (If rural, give location) <b>2816 West 91st Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHESTER</b> b. (Middle) <b>H</b> c. (Last) <b>HOTZ</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 24, 1955</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED, <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN 1, 1897</b>
9. AGE (in years last birthday) <b>58</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PERSONNEL DEPT.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Telephone &amp; Telegraph</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>PENNSYLVANIA</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Phillip Hotz</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Jane Kirkland</b>	14. NAME OF HUSBAND OR WIFE <b>VERA W. Hotz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES WW.#1</b>	16. SOCIAL SECURITY NO. <b>489-03-8308</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. VERA W. HOTZ 2816 W. 91st ST. R. 8. 13. MO.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Arteriosclerotic Cardiac Disease</b>		ANTECEDENT CAUSES DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>	
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		DUE TO (c)	
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 <b>Nov. - , 1953</b> , to <b>8-24</b> , 1955, that I last saw the deceased alive on <b>8-24</b> , 1955, and that death occurred at <b>8 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John R. Whiteman MD</b>		23b. ADDRESS <b>6314 Brookside Plaza</b>	23c. DATE SIGNED <b>8-25-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>August 25, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PILGRIM'S REST CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>
DATE REC'D BY LOCAL REG <b>8-25-55</b>	REGISTRAR'S SIGNATURE <b>neva minalall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D.H. Newcomer Sons 1331-BRUSH CREEK KANSAS CITY, MO.</b>	

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

2099776

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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 *Adrian Jay S. ...*

Licensed Embalmer No. *#48*

P. O. Address *N.C., M...*

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.