

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4849

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 508

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John W. Cashman

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) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>INDEPENDENCE</u>	
c. LENGTH OF STAY (in this place) <u>4-DAYS</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>RESEARCH HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>6112 HARDY - R.R. # 5700</u>	
3. NAME OF DECEASED a. (First) <u>MARTHA</u> b. (Middle) <u>GERTRUDE</u> c. (Last) <u>HERTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN - 31 - 1956</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 5 - 1895</u>
9. AGE (In years last birthday) <u>60</u>		10. 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>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>OCTAVIA NEBRASKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS A. ROGERS</u>		13b. MOTHER'S MAIDEN NAME <u>LYDIA GROTE</u>	
14. NAME OF HUSBAND OR WIFE <u>OTTO JOHN HERTER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>OTTO JOHN HERTER</u> ADDRESS <u>6112 Hardy R.R. # 5700 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Arteriosclerosis</u> 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	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>		19d. <u>Uncl</u>	
19e. <u>Uncl</u>		19f. <u>4201</u>	
19g. <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>		20. AUTOPSY?	
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 <u>Jan 17, 1955</u> to <u>1-31, 1956</u> , that I last saw the deceased alive on <u>1-31, 1956</u> , and that death occurred at <u>11:25A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John W. Cashman M.D.</u>		23b. ADDRESS <u>535 Angell Bldg KCMO</u>	
23c. DATE SIGNED <u>2-1-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>FEB-3-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer</u> ADDRESS <u>1331 - SAUSH CREEK KANSAS CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>2-3-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

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 *Rollie Kessel*.....

Licensed Embalmer No. *4690*.....

P. O. Address... *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.