

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4902**  
**423**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		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>Missouri</b>				b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>			c. LENGTH OF STAY (In this place) <b>2 1/2 yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		d. In 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 <b>2728 Brooklyn</b>				e. STREET ADDRESS (If rural, give location) <b>2936 Baleslyn</b>				<b>3360</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lawrence Milton</b>			b. (Middle) _____		c. (Last) <b>Kountz</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 25, 1956</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Nov. 27, 1916</b>		9. AGE (In years) (Month) (Day) (Hour) (Min.) <b>39 39</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>truck driver</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Allied Motors</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Forman, Arkansas</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Octavos Kountz</b>			13b. MOTHER'S MAIDEN NAME <b>Roberta Hawkins</b>			14. NAME OF HUSBAND OR WIFE <b>Pearl Kountz</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>579-18-2084</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Pearl Kountz</b>					ADDRESS <b>2936 Bales</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Dilatation of Right Heart</b>						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) <b>Chronic Adhesive Pleurisy</b>						
				DUE TO (c) <b>Chronic Diffuse Emphysema</b>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>5271</b>		
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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE <b>Deputy Coroner [Signature]</b>				(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1618 Lydia Ave</b>		23c. DATE SIGNED <b>1/27/56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Jan 31, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>				
DATE REC'D BY LOCAL REG. <b>1-30-56</b>		REGISTRAR'S SIGNATURE <b>Deva Marshall</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Dan. James</b>				
						ADDRESS <b>[Signature]</b>				

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

**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..... *Arne P. Walthin*

Licensed Embalmer No... *65*

P. O. Address... *18th Ave*

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.