

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 29 1956

State File No. **26999**

Registrar's No. **3419**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3419</u>			
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 OR TOWN <u>K.E. Missouri</u> )		c. LENGTH OF STAY (in this place) <u>14 yrs</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>3807 E. 17th St</u>				e. STREET ADDRESS (If rural, give location) <u>3807 E. 17th St. 3238</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry Carl</u>			b. (Middle) _____		c. (Last) <u>Kurtz</u>		4. DATE OF DEATH (Month) <u>8</u> (Day) <u>5</u> (Year) <u>56</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>Sept. 16, 1893</u>		9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 WKS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian - Indep. School System</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Florence, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Peter Kurtz</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Lemler</u>			14. NAME OF HUSBAND OR WIFE <u>Ida Annahouse Kurtz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes, W.I.W.#1</u>			16. SOCIAL SECURITY NO. <u>499-16-6716</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ida A.L. Kurtz</u> ADDRESS <u>K.E.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>Coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension cardiac disease sys.</u> DUE TO (c) <u>chronic nephritis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>15 mins.</u>  <u>592x</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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.) _____		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>Nov 15, 1955</u> to <u>Aug 5, 1956</u> , that I last saw the deceased alive on <u>Aug 5, 1956</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Stan J. Sulkowski, DO</u> (Degree or title)				23b. ADDRESS <u>1601 Belmont</u>		23c. DATE SIGNED <u>8/6/56</u> (Date)			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 8, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, town, or county) <u>Independence Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-6-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ott Mitchell</u> ADDRESS <u>Indep. Mo.</u>					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Stan J. Sulkowski D.O.

REC 30 1958

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Andy W.

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.