

FILED DEC 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38593

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 4271 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR <u>Alma</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Alma Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Died on a railroad</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>054</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Edward Henry Kurtz</u> First Middle Last		4. DATE OF DEATH <u>Nov 29 1956</u> Month Day Year	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input type="checkbox"/> <u>DIVORCED</u> <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 20, 1882</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>9</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Section Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Alma, Lafayette, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A.</u>	
13. FATHER'S NAME <u>George Kurtz</u>		14. MOTHER'S MAIDEN NAME <u>Anna Grifrel</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>709-12-1333</u>	
17. INFORMANT <u>Mattie Kurtz, Alma, Missouri.</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <u>This man was found dead on a R.R. switch track in Alma, Mo. History chest pains</u> DUE TO (a) <u>Death was due to natural causes</u> DUE TO (b) <u>probably Coronary Occlusion</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			<u>4201</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u></u> a. m. <u></u> Month, Day, Year <u></u> p. m. <u></u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u>	COUNTY <u></u> STATE <u></u>
21. I attended the deceased from <u>after death on 11/29/56</u> and last saw her <u>him</u> alive on <u></u> Death occurred at <u>11/29/56</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. Martin</u> (Degree or title) <u>Cor 3</u>		22b. ADDRESS <u>Odessa Mo</u>	
22c. DATE SIGNED <u>11-29-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Dec. 2, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Alma, Lafayette, Missouri.</u>
24. FUNERAL DIRECTOR <u>Alfred H. Brown</u> ADDRESS <u>Alma, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 3-1956</u>	26. REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in their reports. Diseases in Part I must be casually related.

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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.....  
*Alfred N. Brem*

Licensed Embalmer No. *26*

P. O. Address *Alma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.