FILED JUL 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24320
STATE FILE NUMBER

Registration District No. 139 Primary Registration District No. 5536 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY HOLT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OREGON (RURAL) LEWIS TWP. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in Ib 4 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY HOLT
c. CITY OR TOWN OREGON (RURAL) 044 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS 4 MILES EAST (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ALBERT Middle Last KURTZ
4. DATE OF DEATH Month Day Year JULY 15, 1957
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH DECEMBER 17, 1866
9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING
11. BIRTHPLACE (City and state or country) OREGON, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ISAAC KURTZ
14. MOTHER'S MAIDEN NAME MARY SEAMAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) **********
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address JESSE KURTZ OREGON, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of Prostate — 5 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 177X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1, 1952, to July 15, 1957 and last saw ~~her~~ him alive on July 15, 1957
Death occurred at 2:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Isaac F. Sweeney (Degree or title) M.D.
22b. ADDRESS Oregon, Mo.
22c. DATE SIGNED 7-16-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JULY 17, 1957
23c. NAME OF CEMETERY OR CREMATORY MAPLE GROVE CEMETERY
23d. LOCATION (City, town, or county) (State) OREGON, MO.

24. FUNERAL DIRECTOR James H. Pettijohn ADDRESS Oregon Mo
25. DATE RECD. BY LOCAL REG. 7-18-1957
26. REGISTRAR'S SIGNATURE James H. Crawford

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FEB 4 1959

JS OCT 1 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James H. Pettijohn

Licensed Embalmer No. 31

P. O. Address Oregon

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.