

HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32700

STATE FILE NUMBER

FILED SEP 24 1957

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 44

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MILLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Eldon Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 321 W. 3RD		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 321 W 3RD Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle - Last KURTZ			4. DATE OF DEATH Month Aug. Day 24 Year 1957
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APR. 20, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NET. RAILROAD SELF FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY CR. P.	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. Months _____ Days _____ Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) SEYMOUR, IND.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JOSEPH KURTZ		14. MOTHER'S MAIDEN NAME ELIZABETH JACQUES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give year or dates of service) No		16. SOCIAL SECURITY NO. 208-16-3031	17. INFORMANT Leonard Kurtz Address Eldon, MO.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular-Renal Syndrome DUE TO (b) Chronic Myocarditis and Myocardial Regeneration DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 3 days 9 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Phlebitis right leg. Carcinoma of the prostate 442XH			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ a. m. _____ p. m. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from December 1956 and last saw her alive on Aug 24, 1957 Death occurred at 11:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl J. Brinker 2ND MD (Degree or title)		22b. ADDRESS Eldon, Mo	
22c. DATE SIGNED 8-26-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Aug. 27-57	23c. NAME OF CEMETERY OR CREMATORY MARYS HOME	23d. LOCATION (City, town, or county) (State) EURENE MO.
24. FUNERAL DIRECTOR Louis S. Phellino ADDRESS		25. DATE RECD. BY LOCAL REG. Aug. 26, 57	26. REGISTRAR'S SIGNATURE Alveretta Waltz

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

SEP 23 '57

Miller County
Health Department

SEP 24 1957

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 *Louis D. Sullivan*.....

Licensed Embalmer No. *364*

P. O. Address *Eda*

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