

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

47325

STATE FILE NUMBER

6061

FILED JAN 17 1958

Registration District No. 149 Primary Registration District No. 1007 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, give TOWNSHIP only) OR <b>Kansas City</b> TOWN		Inside Limits Y <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2426 Denver</b>		Length of stay in lbs) <b>50 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>2426 Denver</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>ABREM</b> Last <b>MERTINS</b>			4. DATE OF DEATH Month <b>12</b> Day <b>20</b> Year <b>1957</b>		
5. SEX <b>Male</b> <input type="checkbox"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 1 1891</b>		9. AGE (In years last birthday) <b>66</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tool Dresser</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tool Industry</b>	11. BIRTHPLACE (City and state or country) <b>Lone Jack Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>
13. FATHER'S NAME <b>Carl Mertins</b>			14. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Koger</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-36-5992</b>	17. INFORMANT Address <b>Mrs. Helen M. Mertins 2426 Denver</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary heart failure</b> <i>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</i> DUE TO (b) <b>Rheumatic heart disease</b> DUE TO (c) _____ 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 <b>3 months</b> <b>many years</b> <b>416+</b>
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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>10-7-57</u> to <u>12-20-57</u> and last saw <u>him</u> alive on <u>10-14-57</u> Death occurred at <u>11:10 am</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Richard W. Gunn M.D.</b>			22b. ADDRESS <b>6230 Truman Rd. Ke. Mo.</b>		22c. DATE SIGNED <b>12-21-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-23-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>FLORAL HILLS MEMORIAL CHAPELS, INC</b>		25. DATE RECD. BY LOCAL REG. <b>12-21-57</b>		26. REGISTRAR'S SIGNATURE <b>neva minshall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Richard W. Gunn

Health, & Welfare  
Public Health Service

S. 300  
v. 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.

Securing the medical certification in this specific manner required by 193.140 MoRS 1949.



Received  
6330  
Office with B-1-78  
Re: 307 M U  
B-1-7689

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 *D. J. Noflinger*  
Licensed Embalmer No. 39

P. O. Address *N.C. 7*

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.