

Health, Welfare, Public Service

300
-57

John S. Myers
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1250

STATE FILE NUMBER

FILED FEB 13 1958

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 294

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's		Length of stay in lb 22 years	d. STREET ADDRESS (If outside, give location) 7409 Walnut		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Russell Middle W. Last Gentzler			4. DATE OF DEATH Month Jan. Day 19 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 1, 1893	9. AGE (In years) 1 year birthday 64	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Agent		10b. KIND OF BUSINESS OR INDUSTRY Egry Register		11. BIRTHPLACE (City and state or country) Smith Center, Kans.	
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Arthur Gentzler		
13b. MOTHER'S MAIDEN NAME Jessie Walker			14. NAME OF HUSBAND OR WIFE Vesta Gentzler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 067-01-7202		17. INFORMANT Address Mrs. Vesta Gentzler, K.C. 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) Intestinal Obstruction					INTERVAL BETWEEN ONSET AND DEATH 17 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Adenocarcinoma of Colon					several months
DUE TO (c) _____					1538
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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. INJURY OCCURRED WHILE AT <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>November, 1952</u> to <u>present</u> and last saw ^{her} _{him} alive on <u>Jan. 18th, 1958</u> Death occurred at <u>839 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John S. Myers, M.D.</i>		(Degree or title) D		22b. ADDRESS 815 Shukert Bldg., K.C., Mo.	
22c. DATE SIGNED Jan 20, 1958					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 21, 1958		23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	
23d. LOCATION (City, town, or county) Kansas City, Mo.		23e. (State)			
24. FUNERAL DIRECTOR Freeman Mortuary, 104 W. 42nd, K.C. Mo.			25. DATE RECD. BY LOCAL REG. 1-20-58		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>

The [unclear] [unclear]
815 [unclear]
10:30 [unclear]

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 *Walter H. Carwin*

Licensed Embalmer No. *4352*
P. O. Address *K. C. Mo.*

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.