

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017102

STATE FILE NUMBER

FILED MAY 13 1958

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 76

S. 300
1-57

802

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Ternon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Kansas City 3658</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>		Length of stay in 1b <u>9yrs 3m 3d</u>	d. STREET ADDRESS (If outside, give location) <u>810 East 40th St.</u>
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>-</u> Last <u>Ganz</u>			4. DATE OF DEATH Month <u>5</u> Day <u>6</u> Year <u>58</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12.20.1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>musician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Ludwigshafen, R. Germany</u>
13a. FATHER'S NAME <u>William Ganz</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Vetter</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Ganz</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War</u>		16. SOCIAL SECURITY NO. <u>520-10-1182</u>	17. INFORMANT <u>Hospital Records State Hospital #3, Nevada, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Auricular Fibrillation</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Schizophrenic Reaction, Paranoid type</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 3 days</u> <u>years</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.) <u>/</u>	
20c. TIME OF INJURY Hour <u>-</u> Month, Day, Year <u>-</u> a.m. <u>-</u> p.m. <u>-</u>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>/</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>-</u> <u>-</u> <u>-</u>	
21. I attended the deceased from <u>12/31/56</u> to <u>5/6/58</u> and last saw <u>him</u> alive on <u>5/6/58</u> Death occurred at <u>818 a m</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>George Coker M.D.</u>		22b. ADDRESS <u>State Hospital # 3</u>	22c. DATE SIGNED <u>5/6/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MAY 8, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
24. FUNERAL DIRECTOR <u>DIN NEWCOMB'S SONS</u>		ADDRESS <u>1331 BUSH CREEK KANSAS CITY, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>5-8-1958</u>
26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>			

FEB 18 1959

MAY 23 1958

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 *W. T. Nelson*

Licensed Embalmer No. *4421*
P. O. Address *Kansas City*

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.