

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025517

STATE FILE NUMBER

3610

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3610

FILED AUG 15 1958

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		Length of stay in 1b 4 1/2 YEARS	d. STREET ADDRESS (If outside, give location) 1301 BALES AVENUE
3. NAME OF DECEASED (Type or print) First Middle Last JOHN CALVIN GRETZINGER			4. DATE OF DEATH Month Day Year JULY 26 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 JAN. 10, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - 27 YEARS		10b. KIND OF BUSINESS OR INDUSTRY POLICE DEPARTMENT	9. AGE (In years last birthday) 70
11. BIRTHPLACE (City and state or country) DILLER, NEBRASKA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN GRETZINGER		13b. MOTHER'S MAIDEN NAME KATHERINE HERWIG	14. NAME OF HUSBAND OR WIFE BERTHA GRETZINGER
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. 486-05-4872	17. INFORMANT Address 1301 BALES AVE. MRS. BERTHA GRETZINGER - KANSAS CITY, 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) Acute Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <input type="checkbox"/> NOT WHILE 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 7-23-58 to 7-26-58 and last saw him alive on 7-26-58 Death occurred at 3:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul A. Kienberger MD		22b. ADDRESS 5246 St John	22c. DATE SIGNED 7/26/58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JULY 28 1958	23c. NAME OF CEMETERY OR CREMATORY DILLER CEMETERY	23d. LOCATION (City, town, or county) (State) DILLER NEBRASKA
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS - KANSAS CITY, MO ADDRESS 1331 BRUSH CREEK		25. DATE RECD. BY LOCAL REG. 7-26-58	26. REGISTRAR'S SIGNATURE neva minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Paul A. Kienberger



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 *Vern Lawler*

Licensed Embalmer No. *4915*
P. O. Address *RC 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.