

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032672

STATE FILE NUMBER

FILED SEP 24 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3940

5. 300
1-57 4

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Wood Nursing Home</i>				Length of stay in 1b <i>30y</i>		d. STREET ADDRESS (If outside, give location) <i>3235 Roberts</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Andrew Allshouse Frantz</i>				4. DATE OF DEATH Month Day Year <i>Aug-15-1958</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>June 28-1896</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bookkeeping</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>P.C. Barcum Construction Co.</i>		10c. BIRTHPLACE (City and state or country) <i>Topeka, Kansas</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>							
13a. FATHER'S NAME <i>Levi L. Frantz</i>		13b. MOTHER'S MAIDEN NAME <i>Flora Allshouse</i>		13c. NAME OF HUSBAND OR WIFE <i>Esther N. Frantz</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>				16. SOCIAL SECURITY NO. <i>496-16-2248</i>		17. INFORMANT <i>Mr. Esther Frantz</i> Address <i>3235 Roberts K.C. Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Septicemia</i>						INTERVAL BETWEEN ONSET AND DEATH <i>1 mo.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Decubitus Ulcers</i>						<i>3 mo.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Genl. Arteriosclerosis</i>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" 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.) <i>fell on floor</i>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. <i>2-14-58</i> p.m.				20d. PLACE OF INJURY (e.g., in or about home, farm, street, office bldg., etc.) <i>Home</i>			
20e. CITY, TOWN, OR LOCATION <i>Kansas City</i>				COUNTY <i>Jackson</i>		STATE <i>Mo.</i>	
21. I attended the deceased from <i>1950</i> to <i>1958-8-15</i> and last saw him alive on <i>15 July 1958</i> Death occurred at <i>4:40 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>J. M. Frantz M.D.</i> (Degree or title)				22b. ADDRESS <i>Univ. of Kansas Med. Center</i>		22c. DATE SIGNED <i>8-16-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Aug-18-58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Floral Hills Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>K.C. Missouri</i>	
24. FUNERAL DIRECTOR <i>B. D. Blackman Son Inc.</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <i>8-16-58</i>		26. REGISTRAR'S SIGNATURE <i>neva minshall</i>	

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Jesse D. Rising



722-552-2211
Called

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.C. Blaine

Licensed Embalmer No. 4879

P. O. Address W.C. Blaine

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.