

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 21 1959

59-029116

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3270 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hosp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Independence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>108 South Hardy</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb <u>19 days</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		(If outside, give location)	

3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>F.</u> Last <u>Herman</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>4</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12 2 1866</u>	9. AGE (last birthday) <u>92 yrs.</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SAMPLE CASE MAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LOOSE TRUNK CO.</u>		11. BIRTHPLACE (City and state or country) <u>QUINCY, ILL</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>UNKNOWN HERMAN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>JULIA HERMAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, or unknown) (If yes, give war or dates of service) <u>NO</u>			
16. SOCIAL SECURITY NO. <u>490 16 3249</u>		17. INFORMANT Address <u>IRENE E. HERMAN 108 SO. HARDY, IND. 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>Infarction of Myocardium</u> DUE TO (b) <u>Arteriosclerotic coronary thrombosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Dec. 5, 1953, to Aug 4, 1959 and last saw him alive on Aug. 3, 1959
 Death occurred at 1:05 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <u>W. A. Slertz, M.D.</u>		22b. ADDRESS <u>4620 Nichol Pky. N. C. 12th</u>		22c. DATE SIGNED <u>8-4-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>AUG 6, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEM</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>D.W. Newcomers Sons Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-4-59</u>	26. REGISTRAR'S SIGNATURE <u>Reva Minshall</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

A. Slertz

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vern Lawler

Licensed Embalmer No. 491

P. O. Address K.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.