URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–036406
STATE FILE NUMBER

FILED VS NOV 2 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5024

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 50yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. MARY'S HOBP. — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5708 PROSPECT AVE. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First OSCAR Middle L Last SHARTZER

4. DATE OF DEATH: Month OCT Day 16, Year 1959

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: JUNE 10 1890
9. AGE (last birthday): 69yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHERIFF'S OFFICE 18 yrs.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): ILLIOPOLIS, ILLINOIS
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: CHARLIE SHARTZER
13b. MOTHER'S MAIDEN NAME: GRACE WOOD
14. NAME OF HUSBAND OR WIFE: FLORA SHARTZER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486 36 6251
17. INFORMANT: ERNEST R. SHARTZER Address: 5617 W 63rd TERR

MEDICAL CERTIFICATION

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 septic gastroenteritis with hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): hypertensive renal vascular disease — indef.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

BY AFFIDAVIT OF Neighbor

21. I attended the deceased from 3-6-50, to 10-16-59 and last saw her/him alive on 10-16-59
Death occurred at 10-16-59 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature]
22b. ADDRESS: 1420 South 42nd Kansas City, Kansas
22c. DATE SIGNED: 10-17-5

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: OCT 19, 1959
23c. NAME OF CEMETERY OR CREMATORY: GREENLAWN CEM
23d. LOCATION (City, town, or county) (State): KANSAS CITY, MO.

24. FUNERAL DIRECTOR ADDRESS: D. W. NEWCOMER'S SONS K. C. MO.
25. DATE RECD. BY LOCAL REG.: 10-19-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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 Chester K Brown

Licensed Embalmer No. 49 [illegible]

P. O. Address [illegible]

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