URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-040084

STATE FILE NUMBER

FILED VS NOV 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5309

AMENDED

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: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Children's Mercy Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Wyandotte
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 213 Ball Lane
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Delbert Middle: Last: Hantz
4. DATE OF DEATH Month: 11 Day: 3 Year: 1959
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-6-1954
9. AGE (last birthday): 5 yrs.
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): Child
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Kansas City, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Gerald Hantz
13b. MOTHER'S MAIDEN NAME: Velma Fields
14. NAME OF HUSBAND OR WIFE: none
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.: None
17. INFORMANT: Gerald Hantz Address: 2133 Ball Lane Kansas City, Kn

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) Amyotonia congenita
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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
21. I attended the deceased from 10-27-1959 to 11-3-1959 and last saw alive on 11-3-1959
Death occurred at 1:52 am m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE H. Miller (Degree or title) M.D.
22b. ADDRESS 1710 Independence Ave.
22c. DATE SIGNED 11-3-1959

BY AFFIDAVIT OF H. C. Miller

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-6-1959
23c. NAME OF CEMETERY OR CREMATORY: Maple Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Kansas
24. FUNERAL DIRECTOR: Simmons Funeral Home ADDRESS: 1404 S. 37th K.C. Kans.
25. DATE RECD. BY LOCAL REG.: 11-4-59
26. REGISTRAR'S SIGNATURE: Velva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Donald N. Simmon

Signature of Student Embalmer

Licensed Embalmer No. 5084

P. O. Address K. C. K.

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