

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001739

FILED VS. JAN 25 1960

149

Primary Registration District No. 1002

Registrar's No. 97

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Pennsylv.</i> b. COUNTY _____			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in lb <i>3 years</i>		c. CITY OR TOWN <i>Cynwyd</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Neurological Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>11 Colwyn Lane</i>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Francis</i> Middle <i>A</i> Last <i>Mantz</i>				4. DATE OF DEATH Month <i>January</i> Day <i>6</i> Year <i>1960</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>11-22-1873</i>	9. AGE (last birthday) <i>86 yrs.</i>	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) <i>Physician</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Mantz, Penna.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA.</i>
13a. FATHER'S NAME <i>Louis Mantz</i>			13b. MOTHER'S MAIDEN NAME <i>Katherine Dauker</i>			14. NAME OF HUSBAND OR WIFE <i>Mable Yule mantz</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>None</i>		17. INFORMANT <i>Dr. Frankie A. Mantz 8900 Pawnee</i> Address _____			
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>Cerebral Vascular Accident</i>						INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Cerebrovascular disease</i>							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 <i>Sept 6 1956</i> to <i>Jan 6, 1960</i> and last saw ^{him} alive on <i>January 5, 1960</i> Death occurred at <i>5:30 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Albert Preston, Jr.</i> (Degree or title) <i>M.D.</i>			22b. ADDRESS <i>4635 Shawdotte, Kansas City, Mo</i>			22c. DATE SIGNED <i>Jan 7 1960</i> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>1/8/1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Valley Memorial Park Cemetery Philadelphia, Pennsylvania</i>		23d. LOCATION (City, town, or county)			
24. FUNERAL DIRECTOR <i>D.W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri</i>			25. DATE RECD. BY LOCAL REG. <i>1-7-60</i>	26. REGISTRAR'S SIGNATURE <i>Mervin Marshall</i>			

DOCUMENT

BY AFFIDAVIT OF **Albert Preston, Jr.** MEDICAL CERTIFICATION

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 Chester K. Brown

Licensed Embalmer No. 49

O. Address CE

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.