

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. MAR 11 1960 149

60-006329

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 1198

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City 2941 Forest	
Length of stay in 1b 60 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If outside, give location) 2941 Forest	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last H Lee Hentzen			4. DATE OF DEATH Month Day Year Feb 28 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 12, 1882	9. AGE (last birthday) 77	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retail Furniture	11. BIRTHPLACE (City and state or country) St. Paul, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry F. Hentzen		13b. MOTHER'S MAIDEN NAME Mary Jane McBride		14. NAME OF HUSBAND OR WIFE Edyth A. Hentzen		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 496-01-3497	17. INFORMANT Address Mrs. James A. Stayton, 10900 E. 47 S			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Emphysema & Ffibrosis		INTERVAL BETWEEN ONSET AND DEATH 6 Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. Arteriosclerotic Heart Disease 2. Carcinoma of Prostate		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N <input type="checkbox"/> Unknown	
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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 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 **3-1-1954** to **2-28-1960** and last saw him alive on **2-28-1960**
Death occurred at **6:10 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D J Hutchiff M.D. , M.D.	22b. ADDRESS 1222 McGee St., K.C., Mo.	22c. DATE SIGNED 2-29-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 3, 1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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24. FUNERAL DIRECTOR Melody-McGilley-Eylar Funeral Home	ADDRESS Woodland - Linwood	25. DATE RECD. BY LOCAL REG. 2-29-60	26. REGISTRAR'S SIGNATURE Ireva Marshall
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(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION D J Hutchiff

Dr. H. J. Cat
1222
Jill

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Gerald A. Burge

Licensed Embalmer No. 47

P. O. Address K. C. M

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