

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007447

FILED VS FEB 23 1960 257

Registration District No. Primary Registration District No. 5884 Registrar's No. 9

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY OSAGE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHFOUNTIAN, MO.		Length of stay in 1b		c. CITY OR TOWN JEFFERSON CITY, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SACRED HEART RECTORY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1206 E Mc Carty			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Paul URBAN Kertz				4. DATE OF DEATH Month Day Year 2/10/60			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/11/04	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months 11 Days 29	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catholic Priest		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Blomdsdale, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME NICHLOAS KERTZ			13b. MOTHER'S MAIDEN NAME MARY EISENBEIS		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Address 5608 Magnolia REV LOUIS KERTZ St. Louis, Mo.			
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>Ruptured abdominal aortic aneurysm</i> DUE TO (b) <i>Atherosclerosis</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						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. <input type="checkbox"/> Yes <input type="checkbox"/> N- <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 Month, Day, Year a.m. p.m.	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. 1954</i> to <i>2/10/60</i> and last saw him alive on <i>2/22/60</i> Death occurred at <i>about 1 PM</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Francis Z. Minn M.D.</i>				22b. ADDRESS <i>Jeff. City, Mo.</i>		22c. DATE SIGNED <i>2/12/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/13/60	23c. NAME OF CEMETERY OR CREMATORY Resurrection		23d. LOCATION (City, town, or county) Jefferson City, Mo.		(State)	
24. SUPERVISOR DIRECTOR <i>Sylvester Dulle</i>		ADDRESS J C Mo.		25. DATE RECD. BY LOCAL REG. <i>2-16-60</i>	26. REGISTRAR'S SIGNATURE <i>Masteyde Maston</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed _____
Johnston Delle

Licensed Embalmer No. 432

P. O. Address Jefferson

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