

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013875
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1580

FILED APR 17 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

SHOULD READ

ITEM NO.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 65 yrs.		c. CITY OR TOWN Kansas City		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 Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4737 Campbell		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First HELEN Middle C. Last MERTZ				4. DATE OF DEATH Month March Day 28 Year 1961									
5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-4-95		9. AGE (last birthday) 65		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) Office work				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Carl August Blankenfeld				13b. MOTHER'S MAIDEN NAME Catherine Ealbert				14. NAME OF HUSBAND OR WIFE Elias Lewis Mertz					
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 Lawrence A. Mertz 3320 W. Coleman Rd.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis										INTERVAL BETWEEN ONSET AND DEATH 6 weeks			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Carcinoma Cervix		6 months	
										DUE TO (c) Carcinoma Cervix		6 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Intestinal Obstruction								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
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 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> 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 Oct. 1960 to _____ and last saw her/him alive on March 28, 1961 Death occurred at 8:30 2 m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Paul T. Mc Gannon M.D.				22b. ADDRESS 920 West 47th St.				22c. DATE SIGNED 3-29-61					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-31-61		23c. NAME OF CEMETERY OR CREMATORY Calvary				23d. LOCATION (City, town, or county) Kansas City,		STATE Mo.			
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar 1800 E. Linwood				ADDRESS		25. DATE RECD. BY LOCAL REG. 3-29-61		26. REGISTRAR'S SIGNATURE Ruth Long					

Dr. P. Mc Lan
920 W 47th
Va. 1-0074
OK 3:30 - 5:30

1-0074

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 James E. Hackler

Licensed Embalmer No. 4573

P. O. Address Kennett City

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.