

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014060
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1933

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FILED MAY 8 1961

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 1 month
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson
c. CITY OR TOWN Shawnee Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 11102 W. 59th terr Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last JOSEPH WERTZ 4. DATE OF DEATH Month Day Year April 17, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11-16-1878 9. AGE (last birthday) 83 82 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) Supervising 10b. KIND OF BUSINESS OR INDUSTRY Wholesale Grocery 11. BIRTHPLACE (City and state or country) Shawnee, Kansas 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Peter Wertz 13b. MOTHER'S MAIDEN NAME Theresa Waller 14. NAME OF HUSBAND OR WIFE Ora H. Wertz

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. no 17. INFORMANT Address Mrs. Ora H. Wertz Shawnee, Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Old Age INTERVAL BETWEEN ONSET AND DEATH 15 yrs.
DUE TO (b) _____
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypoproteinemia - General Arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. Yes N- 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 Sept. 1952 to April 17, 1961 and last saw him ^{her} alive on April 17, 1961
Death occurred at 10:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Paul B. Burger, M.D. 22b. ADDRESS 5949 Neuman - Shawnee, Ko 22c. DATE SIGNED 4/17/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 4-20-1961 23c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemtery 23d. LOCATION (City, town, or county) (State) Shawnee, Kansas

24. FUNERAL DIRECTOR ADDRESS E. Paul Amos Shawnee, Kansas 25. DATE RECD. BY LOCAL REG. 4-19-61 26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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 Eugene P. Amos
Eugene P. Amos

Licensed Embalmer No. 5023

P. O. Address Shawnee, Kansas

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.