

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034840

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4741

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 28 1962	
<p>1. PLACE OF DEATH a. COUNTY <u>Jackson</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in 1b <u>44 Yrs.</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u></p> <p>c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (if outside, give location) <u>613 Forest</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First <u>Lilly</u> Middle <u>Kort</u> Last <u>Kort</u></p>	
<p>4. DATE OF DEATH <u>September 15, 1962</u></p>	
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>10/17/17</u></p>
<p>9. AGE (last birthday) <u>44</u></p>	<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Semi-invalid</u></p>
<p>10b. KIND OF BUSINESS OR INDUSTRY -----</p>	<p>11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u></p>
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>	<p>13a. FATHER'S NAME <u>Sam Kort</u></p>
<p>13b. MOTHER'S MAIDEN NAME <u>Sarah</u></p>	<p>14. NAME OF HUSBAND OR WIFE -----</p>
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>	<p>16. SOCIAL SECURITY NO. -----</p>
<p>17. INFORMANT <u>Albert Kort</u> Address <u>620 W 56St. K.C., Mo.</u></p>	<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Coronary occlusion</u></p> <p style="text-align: center;">DUE TO (b) <u>Arteriosclerotic Heart disease</u></p> <p style="text-align: center;">DUE TO (c) -----</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>	<p>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</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u>9-10-62</u> to <u>9-14-62</u> and last saw her/him alive on <u>9-13-62</u> Death occurred at <u>11:40 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>J.P. McCalla, M.D.</u></p>	<p>22b. ADDRESS <u>Jackson Co. Hospital, Mo.</u></p>
<p>22c. DATE SIGNED <u>9-16-62</u></p>	<p>22d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>9/16/1962</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Sheffield Cemetery</u></p>	<p>23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u></p>
<p>24. FUNERAL DIRECTOR <u>J.P. Louis Funeral Home, K.C., Mo.</u> ADDRESS</p>	<p>25. DATE RECD. BY LOCAL REG. <u>9-16-62</u></p>
<p>26. REGISTRAR'S SIGNATURE <u>Ruth Long</u></p>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	AMENDED	RECORD ARE AS FOLLOWS
1		
2	<u>3159</u>	
3		
4	<u>1</u>	
5	<u>0</u>	
6		
7	<u>0</u>	
8	<u>0</u>	
9	<u>200</u>	
10		
11		
12	<u>77-0</u>	
13		

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

J.P. Mc Calla

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 Gerald Berger

Licensed Embalmer No. 4736

P. O. Address LC 400

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.