

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028388

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

3902

STATE FILE NUMBER

FILED AUG 6 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
MEDICAL CERTIFICATION
Frank B. Lettz

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		Length of stay in lb 22 YEARS	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7326 BROOKLYN AVE.
3. NAME OF DECEASED (Type or print) First HOMER Middle HILL Last HILL		4. DATE OF DEATH Month JULY Day 11 Year 1963	
5. SEX MALE	6. COLOR OR RACE CAUC.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-1-1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERINTENDANT		10b. KIND OF BUSINESS OR INDUSTRY SHARP BROTHERS CONSTRUCTION	11. BIRTHPLACE (City and state or country) NORRIS CITY ILLINOIS
13a. FATHER'S NAME Henry B. Hill		13b. MOTHER'S MAIDEN NAME Jane Welch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 510-09-7106	
17. INFORMANT Mrs. Mildred Hill		Address 7326 BROOKLYN AVE. KANSAS CITY, 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) Coronary Occlusion Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. Due to (b) Atherosclerotic Hypertensive C.V. disease Due to (c) Prem coronary 19 yrs ago.		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a). RT Hemiplegia & cerebrovascular thrombosis Jan 8 1963		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	
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. 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 KANSAS CITY	
20g. COUNTY MISSOURI		20h. STATE MISSOURI	
21. I attended the deceased from 9-14-1944 to 7-11-63 and last saw him alive on 7-10-63		Death occurred at 3 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Frank B. Lettz (Degree or title) M.D.		22b. ADDRESS 1530 N. 1st St. Kansas City, Mo.	
22c. DATE SIGNED 7-11-63		22d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 13 1963	
23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR J.W. NEWCOMER'S SONS, KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 7-11-63	
26. REGISTRAR'S SIGNATURE Ruth Song			

USE BLACK INK
OR
TYPEWRITER RIBBON

CR. 5-1-00

5.00

Dr. Frank Bentley & Co.
1530 Professional Bldg.
12:30-5:00
Ha. 1.1351

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

Ernest M. Dungey

Licensed Embalmer No.

3566

P. O. Address

Kansas City, Mo.

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.