

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028529

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4003 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Frank Ellis MEDICAL CERTIFICATION

FILED AUG 6 1963

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 50 years
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) 4219 Prospect Avenue Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY Jackson
 c. CITY OR TOWN Kansas City Inside Limits Yes No

3. NAME OF DECEASED (Type or print) First Fred Middle W. Last Mertens
 4. DATE OF DEATH Month July Day 13, Year 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 5/11/83 9. AGE (last birthday) 80 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) Operator 10b. KIND OF BUSINESS OR INDUSTRY Street Car 11. BIRTHPLACE (City and state or country) UNKNOWN KENTUCKY, U. S. A. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME WILLIAM MERTENS 13b. MOTHER'S MAIDEN NAME KATHERINE STEELE 14. NAME OF HUSBAND OR WIFE Lottie Charlotte Mertens Address 1920 SOUTH ST. LOUIS TULSA, OKLAHOMA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) 16. SOCIAL SECURITY NO. 17. INFORMANT NAOMI JEAN FRENCH

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Generalized arteriosclerosis with congestive heart failure.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Probable pulmonary infarction; malnutrition and dehydration, severe
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No 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 Month, Day, Year a.m. p.m.
 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 7-10-63 to 7-13-63 and last saw her/him alive on 7-13-63. Death occurred at 7:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree Title) 22b. ADDRESS 2400 Cherry 22c. DATE SIGNED 7-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE JULY 16 1963 23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
 24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo. ADDRESS 1331 Brush Cr. 25. DATE RECD. BY LOCAL REG. 7-16-63 26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

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

Robert Ray

Licensed Embalmer No.

4182

P. O. Address

K.C., 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.