

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032427
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4663

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

Frank Paul Laurentz

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 13 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 lb unknown

c. CITY OR TOWN KANSAS CITY Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) GLADSTONE HOTEL Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON

3. NAME OF DECEASED First CLARA Middle ROTH Last ROTH 4. DATE OF DEATH Month 8 Day 22 Year 1963

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7/23/1885 9. AGE (last birthday) 78

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY home 11. BIRTHPLACE (City and state or country) Salina, Kansas 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JACOB ECKROAT 13b. MOTHER'S MAIDEN NAME MARY HERSENSCHROEDER 14. NAME OF HUSBAND OR WIFE UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. [REDACTED] 17. INFORMANT VIC ROTH HAYS, KANSAS Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (b) Hypertension 5 years
DUE TO (c) Arteriosclerosis 10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 2:30 a.m. AM Month, Day, Year 3-10-60 to 8-22-63 and last saw her him alive on 8-22-63

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 Hays, Kansas COUNTY STATE

21. I attended the deceased from 3-10-60 to 8-22-63 and last saw her him alive on 8-22-63. Death occurred at 2:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Paul Laurentz MD (Degree or title) 22b. ADDRESS 428 South White Ave 22c. DATE SIGNED 8-22-63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 8/22/1963 23c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery 23d. LOCATION (City, town, or county) Hays, Kansas (State)

24. FUNERAL DIRECTOR C. H. BLACKMAN & SON KANSAS CITY, MO. ADDRESS 25. DATE RECD. BY LOCAL REG. 8-22-63 26. REGISTRAR'S SIGNATURE Bessie Smith

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

Hubert B. Baird

Licensed Embalmer No.

4888

P. O. Address

NC 24, 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.