

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034719

4980

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Milton B. Ozar

FILED OCT 15 1962

1. PLACE OF DEATH  
a. COUNTY Jacksonb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas CityLength of stay in 1b  
10 yearsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Menorah Medical CenterInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
316 East 75th StreetReside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
Harlan Curtis Ehret4. DATE OF DEATH  
Month Day Year  
September 28th, 19625. SEX  
Male6. COLOR OR RACE  
white7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
2/21/979. AGE (last birthday)  
65IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Receiving Clerk10b. KIND OF BUSINESS OR INDUSTRY  
Jones Store11. BIRTHPLACE (City and state or country)  
Barns City, Iowa12. CITIZEN OF WHAT COUNTRY  
U. S. A.

13a. FATHER'S NAME

Frank Ehret

13b. MOTHER'S MAIDEN NAME

Mary Brown

14. NAME OF HUSBAND OR WIFE

Ruth Ehret

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes World War I16. SOCIAL SECURITY NO.  
488-38-549917. INFORMANT Address  
Ruth Ehret, 316 E. 75th, K.C., 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)

Pulmonary Edema  
Anuria  
Carcinoma of Prostate

INTERVAL BETWEEN ONSET AND DEATH

24 Hours  
5 days  
4 years

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)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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 1958 to Sept 28, 1962 and last saw her alive on Sept 28, 1962  
Death occurred at 1:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Milton B. Ozar M.D.

(Degree or title)

22b. ADDRESS

701 E. 63rd KC, Mo.

22c. DATE SIGNED

9/29/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Oct. 1, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mount Moriah Cemetery

23d. LOCATION (City, town, or county)

Kansas City

(State)

Missouri

24. FUNERAL DIRECTOR 1331 Brush Creek Blvd.  
D.W. Newcomer's Sons, Kansas City, Mo

25. DATE RECD. BY LOCAL REG.

10-1-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**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

*Paul M. Gray*

Licensed Embalmer No. 4724

P. O. Address 170 W. 10th St.

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.