No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 1 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 8612

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1260

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 29 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4017 Gladstone Blvd.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 18
d. STREET ADDRESS (If rural, give location): 4017 Gladstone Blvd. 300

**3. NAME OF DECEASED** (Type or Print)
a. (First): HARTWIG
b. (Middle): G.
c. (Last): DIERKS

**4. DATE OF DEATH** (Month): 3 (Day): 16 (Year): 50

**5. SEX**: Ma 0

**6. COLOR OR RACE**: Wh

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: 3-2-1890

**9. AGE** (In years last birthday): 60 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Minister

**10b. KIND OF BUSINESS OR INDUSTRY**: xx

**11. BIRTHPLACE** (State or foreign country): New Zealand 8

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Heinrich H.C.Dierks

**13b. MOTHER'S MAIDEN NAME**: Anna Heine

**14. NAME OF HUSBAND OR WIFE**: Freda L. Dierks

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): xx

**16. SOCIAL SECURITY NO.**: NONE

**17. INFORMANT'S SIGNATURE OR NAME / ADDRESS**: Mrs.Freda L.Dierks, 4017 Gladstone

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 45 minutes

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Essential Hypertension

DUE TO (c) 4201

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.* Myocardial Damage (Fibrosis

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)

**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**: ~~Kansas City~~ ~~Jackson~~ ~~Mo~~

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Oct 10, 1949, *to* Mar 14, 1950, *that I last saw the deceased alive on* Mar 14, 1950, *and that death occurred at* 6:25 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Arnold F. Nothnagel (Degree or title) M.D.

**23b. ADDRESS**: 731 Ann Ave Kansas City Kansas

**23c. DATE SIGNED**: 3/17/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: 3-20-50

**24c. NAME OF CEMETERY OR CREMATORY**: Memorial Park

**24d. LOCATION** (City, town, or county) (State): Kansas City, Mo.

**DATE REC'D BY LOCAL REG.**: 3-17-50

**REGISTRAR'S SIGNATURE**: Geraldine Holmes

**25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS**: J.W. Wagner K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

AT 7700

## 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 .....
Student Embalmer

Signed Eugene L. Kennon

Licensed Embalmer No. 4633

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.