

FILED APR 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8481**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1307**

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

|   |                               |   |   |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>   |                               | c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>   |   |
| c. LENGTH OF STAY (In this place) <b>7 Yrs</b>  |                               | d. STREET ADDRESS (If rural, give location) <b>2800 East Tenth St.</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lockhart Nursing Home</b>  |                               |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Dollie</b>   |                               | b. (Middle) <b>R.</b>   |   |
|   |                               | c. (Last) <b>Gintz</b>  |   |
| 4. DATE OF DEATH (Month) (Day) (Year) <b>March 25 1951</b>  |                               |   |   |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>   | 8. DATE OF BIRTH <b>July 17 1872</b>                      |
| 9. AGE (In years last birthday) <b>78</b>   |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>   | 11. BIRTHPLACE (State or foreign country) <b>Illinois</b> |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |                               | 13a. FATHER'S NAME <b>Frank Rector</b>  |   |
| 13b. MOTHER'S MAIDEN NAME <b>No Record</b>  |                               | 14. NAME OF HUSBAND OR WIFE <b>Henry C. Gintz</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>  |                               | 16. SOCIAL SECURITY NO. <b>none</b>   |   |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>H. J. Erwin Kansas City, Kans.</b>   |                               |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>Hypertensive Heart Disease</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>443X</b> |   |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION  |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                               |   |   |
| 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)   |                               |   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| 21f. HOW DID INJURY OCCUR?  |                               |   |   |
| 22. I hereby certify that I attended the deceased from <b>Aug</b> , 19 <b>48</b> , to <b>March 25</b> , 19 <b>51</b> , that I last saw the deceased <b>live</b> on <b>3-24</b> , 19 <b>51</b> , and that death occurred at <b>10:45</b> m., from the causes and on the date stated above. |                               |   |   |
| 23. SIGNATURE <b>G. Alvarez Reyna</b> (Degree or title) <b>0 M.D.</b>   |                               | 23b. ADDRESS <b>928 Proj. Bldg.</b>   |   |
| 23c. DATE SIGNED <b>3/26/51</b>   |                               |   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |                               | 24b. DATE <b>Mar. 28 1951</b>   |   |
| 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant Cemetery</b>   |                               | 24d. LOCATION (City, town, or county) (State) <b>New Franklin, Missouri</b>   |   |
| DATE REC'D BY LOCAL REG. <b>3-26-51</b>   |                               | REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>  |   |
| 25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. C. I. Forster</b>  |                               | ADDRESS <b>Kansas City, Missouri</b>  |   |

1:30 P.M.

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Gene Clark* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4216*

P. O. Address *F. Co. 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 this body is not embalmed, fact should be so stated above.