U.S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13259

State File No.

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 162

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City Rural, Blue
c. LENGTH OF STAY (in this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10604 Felton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City Blue 0480
d. STREET ADDRESS (If rural, give location): 10604 Felton Rural 0

3. NAME OF DECEASED (Type or Print): a. (First) AUGUST b. (Middle) HERMAN c. (Last) BELTZ
4. DATE OF DEATH (Month) (Day) (Year): 4/11/52
5. SEX: Male
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 3/19/1898
9. AGE (In years last birthday): 54 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Sheffield Steel Corp
11. BIRTHPLACE (State or foreign country): Newman Grove, Nebraska
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Richard Beltz
13b. MOTHER'S MAIDEN NAME: Wilhemine Helm
14. NAME OF HUSBAND OR WIFE: Cordula Beltz
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.: 487-05-4203
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Cordula Beltz, 10604 Felton

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis Acute Coronary Occlusion.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) General Ateriosclerosis
DUE TO (c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION: ----- 4201
20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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): ----- 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* Nov. 30, *19* 51, *to* Apr. 8, *19* 52, *that I last saw the deceased alive on* Apr. 8, *19* 52, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Edward C. Tuttle M.D. (Degree or title)
23b. ADDRESS: 4304 Troost K.C. Mo
23c. DATE SIGNED: 4/12/52
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/14/52
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.
DATE REC'D BY LOCAL REG.: 4-13-52
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: John P. Sheil, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

after 1 P M sat.

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 John P Shiel

Licensed Embalmer No. 3625

P. O. Address K C Md

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.