No. 300
10-48

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12365

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5577 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Prairie Township
c. LENGTH OF STAY (in this place): 1mo. 5da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jackson County Hospital

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): Independence, 7005
d. STREET ADDRESS (If rural, give location): 423 East Kansas

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Fred
c. (Last): Netz

4. DATE OF DEATH (Month) 4 (Day) 24 (Year) 54

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/22/1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 10 Days 3 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Hays, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Netz
13b. MOTHER'S MAIDEN NAME: Sarah Burkett
14. NAME OF HUSBAND OR WIFE: Hester Netz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: 496-09-4626
17. INFORMANT'S SIGNATURE OR NAME: Hester Netz — ADDRESS: Indep. Mo

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): UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 37 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): Pyelonephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 6000
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)

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* 3-19, 1954, *to* 4-24, 1954, *that I last saw the deceased alive on* 4-23, 1954, *and that death occurred at* 6:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Daniel Woxman, M.D.
23b. ADDRESS: Jackson County Hospital
23c. DATE SIGNED: 4-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 26-54
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): Independence Mo

DATE REC'D BY LOCAL REG.: 4/26/54
REGISTRAR'S SIGNATURE: N Blangsford 4/23
25. FUNERAL DIRECTOR'S SIGNATURE: Roland R. Speaker — ADDRESS: Indep Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address .....

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.