Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24897

STATE FILE NUMBER 3170

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3170

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center — Length of stay in 1b 15 yrs. 3700	d. STREET ADDRESS (If outside, give location) 4901 Euclid — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Emmi Middle Last Wertheim

4. DATE OF DEATH: Month 7 Day 7 Year 57

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH: 4-6-77

9. AGE (In years last birthday): 80 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (City and state or country): Cologne, Germany 4

12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME: Raphael Goetz

14. MOTHER'S MAIDEN NAME: --- Marchand

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.: none

17. INFORMANT: Ernst L. Wertheim, Address 4901 Euclid, K.C

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cardiac hypertrophy and dilatation with pericardial effusion and cardiac arrhythmia (cl.)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Generalized arteriosclerosis

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 1 year; 5 years; 45 50

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. 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 1947, to July 7, 1957 and last saw her ~~him~~ alive on July 7, 1957. Death occurred at 11 05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Jack W. Wolf (Degree or title) Jack W. Wolf M.D.

22b. ADDRESS: 409 E. 63 Kansas City, Mo.

22c. DATE SIGNED: 7/8/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7-8-57

23c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR — ADDRESS: J. P. Lewis Fun. Home KC, Mo

25. DATE RECD. BY LOCAL REG.: 7-8-57

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Guy Buffington

Licensed Embalmer No. 27

P. O. Address N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.