

FILED SEP 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32150

STATE FILE NUMBER

 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4032

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		c. CITY OR TOWN Kansas City	
c. FULL NAME OF HOSPITAL OR INSTITUTION 8706 E. 77th. Terr		d. STREET ADDRESS 8706 E. 77th. Terr	
3. NAME OF DECEASED (Type or print) First GEORGE Middle HENRY Last SARTORIUS		4. DATE OF DEATH Month 8 Day 27 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-13-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Auto Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Auto	11. BIRTHPLACE (City and state or country) Ashkum, Illinois
13a. FATHER'S NAME Gerhardt Sartorius		13b. MOTHER'S MAIDEN NAME Margaret Stahl	14. NAME OF HUSBAND OR WIFE Catherine Sartorius
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or series of service) No		16. SOCIAL SECURITY NO. 490 09 1435A	17. INFORMANT Address Mrs. Catherine Sartorius, 8706 E. 77th. Terr.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 4201
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Hypertension - Arteriosclerosis - Diabetes			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 7-10-57 to 8-27-57 and last saw ^{her} him alive on 8-26-57 Death occurred at 8-27-57 10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. L. Whetstone, M.D.		22b. ADDRESS Independences, MO	22c. DATE SIGNED 8/27/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-29-1957	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR FLORAL HILLS MEMORIAL CHAPELS INC, K.C.MO		25. DATE RECD. BY LOCAL REG. 8-28-57	26. REGISTRAR'S SIGNATURE Neil Marshall

 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 M. L. Whetstone

All diseases in Part I must be causally related.



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 Signature of Student Embalmer

Signed *J. J. Pospinger*

Licensed Embalmer No. *3938*

P. O. Address *Peusa City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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