

1. Health,
& Welfare
5. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032683

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 4449

REC OCT 8 1958

S. 300
V. 1-57

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Colonial N. H.		Length of stay in 1b 47 years.	d. STREET ADDRESS (If outside, give location) 8211 Highland Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ALLEN Middle C. Last GETZ			4. DATE OF DEATH Month Sept. Day 18, Year 1958
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 Feb. 12, 1871
9. AGE (In years at birthday) 87		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) Furniture Refinisher		10b. KIND OF BUSINESS OR INDUSTRY Hall Brothers	11. BIRTHPLACE (City and state or country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Joseph Getz	
13b. MOTHER'S MAIDEN NAME Sarah Ferman		14. NAME OF HUSBAND OR WIFE Julia A. Getz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 493-12-3155	17. INFORMANT Address George Getz (son) 8231 Highland K. C. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Arteriosclerotic Heart Dis</u> DUE TO (c) <u>42</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
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 <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 Month, Day, Year 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 <u>8-5-58</u> to <u>9-18-58</u> and last saw ^{her} him alive on <u>9-15-58</u> Death occurred at <u>7:50 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John B. Justus M.D.</u> (Degree & title)		22b. ADDRESS <u>4620 Nichols Plwy K.C. Mo</u>	22c. DATE SIGNED <u>9-19-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Sept. 20, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oswego Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Oswego, Kansas</u>
24. FUNERAL DIRECTOR <u>Muehlebach F. H. 6800 Troost K. C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-19-58</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
John B. Justus

All diseases in Part I must be causally related.

Friday 4/27 11:30 AM
JC 1-1500
4222



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. T. Crowell*

Licensed Embalmer No. *4904*
P. O. Address *H.C. Jno.*

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.