

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-0054103

STATE FILE NUMBER

468

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 468

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Inside Limits Yes No
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3922 Lain St Length of stay in lb 4 hrs
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Kansas b. COUNTY Johnson
 c. CITY OR TOWN Lission 2150 Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5706 Horton Reside on Farm Yes No

3. NAME OF DECEASED First Herman Middle H Last Bartz
4. DATE OF DEATH Month 1 Day 24 Year 1959

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED** NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH 7/23/1892 **9. AGE** (In years last birthday) 66 **10. UNDER 1 YEAR** Months Days **11. UNDER 24 HRS.** Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman **10b. KIND OF BUSINESS OR INDUSTRY** Ellis Canning Co. **11. BIRTHPLACE** (City and state or country) Kansas City, Ks. **12. CITIZEN OF WHAT COUNTRY?** U.S.

13a. FATHER'S NAME Fred Bartz **13b. MOTHER'S MAIDEN NAME** MARY ZARDEL **14. NAME OF HUSBAND OR WIFE** Mrs Caroline Bartz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI **16. SOCIAL SECURITY NO.** 513 01 9647 **17. INFORMANT** Life Mrs Caroline Bartz Address Home

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Myocardial Infarction
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Heart Disease
 DUE TO (c) Unknown
 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 Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) Kansas City **20f. CITY, TOWN, OR LOCATION** Johnson Co. Mo. COUNTY STATE

21. I attended the deceased from July 1, 1957 to Jan 24, 1959 and last seen alive on Dec. 27, 1958
 Death occurred at 5:15 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22. SIGNATURE (In ink or title) H. Stanley Mores **22b. ADDRESS** 4620 Nichols Plwy **22c. DATE SIGNED** 1/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL **23b. DATE** 1/24/59 **23c. NAME OF CEMETERY OR CREMATORY** McGONKARD PARK **23d. LOCATION** (City, town, or county) Kansas City STATE KANSAS

24. FUNERAL DIRECTOR Dr. Ralph Fulton ADDRESS H.C.K. **25. DATE RECD. BY LOCAL REG.** 1-25-59 **26. REGISTRAR'S SIGNATURE** neva minshall

(Licensed Embalmer's Statement on Reverse Side)

F. Stanley Mores

MEDICAL CERTIFICATION

300
1-57

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 *Mr. Ralph Fulton*

Licensed Embalmer No. *3503*

P. O. Address *Kansas 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.