

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042622

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5758 STATE FILE NUMBER

FILED NOV 29 1962

VS 300
Rev. 4/59

1
2 3478
3
4 0
5 0
6
7 1
8 1
9 +
10
11
12 61-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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		Length of stay in lb: 40 Yrs.	c. CITY OR TOWN: Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Menorah Medical Center		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location): 501 West 31st Street
3. NAME OF DECEASED (Type or print) First: HARRY Middle: PAUL Last: FURCHT		4. DATE OF DEATH: November 12, 1962	
5. SEX: Male	6. COLOR OR RACE: White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: 11-15-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired		10b. KIND OF BUSINESS OR INDUSTRY:	9. AGE (last birthday): 67
13a. FATHER'S NAME: Perry Aaron Furcht		13b. MOTHER'S MAIDEN NAME: Cora P. Broerman	14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes		16. SOCIAL SECURITY NO.: None	17. INFORMANT: Mrs. Ruth Hickman
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Pneumonia		INTERVAL BETWEEN ONSET AND DEATH: 3 wks.	
DUE TO (b):		DUE TO (c):	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease: Bronchogenic Carcinoma		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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. Month, Day, Year: _____		20d. INJURY OCCURRED WHILE AT WORK <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 2-13-62 to 11-12-62 and last saw him alive on 11-12-62 . Death occurred at 11 1 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE: Milton Katz (Degree or title) M.D.		22b. ADDRESS: 4620 J.C. Nichols Pkwy, KC 12mo 11-4-62	22c. DATE SIGNED: 11-14-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-15-62	23c. NAME OF CEMETERY OR CREMATORY: Forest Hill	23d. LOCATION (City, town, or county) (State): Kansas City, Missouri
24. FUNERAL DIRECTOR: Freeman Mortuary ADDRESS: Kansas City, Mo.		25. DATE RECD. BY LOCAL REG.: 11-15-62	26. REGISTRAR'S SIGNATURE: Ruth Song

USE BLACK INK OR TYPEWRITER RIBBON

MR. HARTZ
4620 Hickles Hwy

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 Clayton Barnes

Licensed Embalmer No. 4793
P. O. Address K.R. Mo.

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.