

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

004402
0044625
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6197

FILED DEC 14 1964

VS 300 Rev. 4/59	DATE AMENDED	12-20-66	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1	12-20-66	California City Cemetery-		
2	12-20-66	Unknown		
3		Unknown		
4		Unknown		
5		Unknown		
6		Unknown		
7		Unknown		
8		Unknown		
9		Unknown		
10		Unknown		
11		Unknown		
12		Unknown		
13		Unknown		

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>CALIFORNIA</u>	
Length of stay in 1b <u>3 HRS. 45 MIN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>		d. STREET ADDRESS <u>308 E. Main Street</u>	
3. NAME OF DECEASED (Type or print) First <u>WALTER</u> Middle <u>L.</u> Last <u>HERT</u>		4. DATE OF DEATH Month <u>11</u> Day <u>24</u> Year <u>1964</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-14-88</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employed Kansas City Warner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10d. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (City and state or country) <u>California, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRED HERT</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISA MESSENER</u>	
14. NAME OF HUSBAND OR WIFE <u>LELA HERT</u>		15. SOCIAL SECURITY NO. <u>491-14-9944</u>	
16. INFORMANT <u>Mrs Helen Scott Kansas City, MO</u>		17. ADDRESS <u>8911 E. 59th St</u>	
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, 4 hrs</u> DUE TO (b) <u>Arteriosclerotic Coronary Arteriosclerosis</u> DUE TO (c) <u>Gen. As.</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 checked="" 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>11:30 AM 11/24/64</u> to <u>11:24/64</u> and last saw him alive on <u>11/24/64</u> Death occurred at <u>9 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <u>Robert W. Hamel MD</u> 22b. ADDRESS <u>Kansas City, MO</u> 22c. DATE SIGNED <u>11/24/64</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/27/64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>California, MO</u>
24. FUNERAL DIRECTOR <u>Bowlip Funeral Home Inc.</u> ADDRESS <u>California, MO</u>		25. DATE RECD. BY LOCAL BEG. <u>11-24-64</u>	
26. REGISTRAR'S SIGNATURE <u>Beasie Smith</u>			

USE BLACK INK OR TYPEWRITER RIBBON

*D. Robert Howell or Robert
Linn # 240-4520 Memorial Park
12:30-5:00
0-00
1-1*

jeord.

DEC 14 1964

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 John Bowlin
Licensed Embalmer No. 5150

P. O. Address California, 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.