

FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **17017**  
**2143**

|   |  |   |   |   |   |   |   |
|---|--|---|---|---|---|---|---|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>   |   | PRIMARY REG. DIST. NO. <u>1002</u>  |   | Registrar's No. _____                         |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>KANSAS</u> b. COUNTY <u>RUSSELL</u> |   |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>KANSAS CITY</u>  |  | c. LENGTH OF STAY (In this place)<br><u>2 days</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>RUSSELL</u>  |   | 8150 N  |   |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br><u>PICKWICK HOTEL-917 MOORE</u>   |  |   |   | d. STREET ADDRESS (If rural, give location)<br><u>406 EAST 2<sup>ND</sup> STREET</u>  |   |   |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>RUDOLPH</u> b. (Middle) <u>JOHN</u> c. (Last) <u>WOELK</u>  |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>MAY 9-1950</u> |   |   |   |   |
| 5. SEX<br><u>MALE</u>   |  | 6. COLOR OR RACE<br><u>WHITE</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u>  |   | 8. DATE OF BIRTH<br><u>JULY 8-1897</u>        |   |
| 9. AGE (In years last birthday)<br><u>52</u>  |  | # UNDER 1 YEAR<br>Months  |   | # UNDER 1 YEAR<br>Days  |   | # UNDER 2 HRS.<br>Hours   Min.                |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>IMPLEMENT DEALER INTERNATIONAL HARVESTER</u>  |  |   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>RUSSELL, KANSAS</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |   |
| 13a. FATHER'S NAME<br><u>JOHN F. WOELK</u>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>PAULINE STRECKER</u>          |   | 14. NAME OF HUSBAND OR WIFE<br><u>HERMINE WOELK</u>                     |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year, or dates of service)<br><u>YES</u> <u>WAR WARE</u>   |  | 16. SOCIAL SECURITY NO.<br><u>NONE</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME<br><u>HERMINE WOELK, RUSSELL, KANSAS</u>  |   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Thrombosis</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary artery Sclerosis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>_____ |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 day</u><br><u>1 year</u><br><u>4 1/2</u>   |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br>_____   |   |   |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>_____  |   | 21f. HOW DID INJURY OCCUR<br>_____            |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br>_____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |   |   |   |   |
| 22. I hereby certify that I attended the deceased from <u>March 19, 1949</u> , to <u>May 9, 1950</u> , that I last saw the deceased alive on <u>Apr. 18, 1950</u> , and that death occurred at <u>3:15 A.M.</u> , from the causes and on the date stated above. |  |   |   |   |   |   |   |
| 23a. SIGNATURE <u>Graham Asher MD</u> (Degree or title)<br><u>Graham Asher M.D.</u>   |  |   |   | 23b. ADDRESS <u>1220 Proprietor Apts</u><br><u>Kansas City 6 - Mo</u>   |   | 23c. DATE SIGNED<br><u>5-9-50</u>             |   |
| 24a. BURIAL - CREMATION, REMOVAL (Specify)<br><u>REMOVAL</u>  |  | 24b. DATE<br><u>MAY 9-1950</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>RUSSELL</u>          |   | 24d. LOCATION (City, town, or county) (State)<br><u>RUSSELL, KANSAS</u> |   |   |
| DATE REC'D BY LOCAL REG.<br><u>5-9-50</u>   |  | REGISTRAR'S SIGNATURE<br><u>Sheraldine Holmes</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>D. W. Newcomer Sons, K.C. Mo</u>   |   |   |   |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

MAY 26 1950

JUN 18 1951

SEP 12 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *John C. Fraking*

Licensed Embalmer No. *4483*

P. O. Address *Kansas City, 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 this body is not embalmed, fact should be so stated above.