

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19546**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 677

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Joseph</b> ) c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>0117</b> OR TOWN <b>St. Joseph</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>801 South 18th</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Joseph</b>	b. (Middle) <b>Wm.</b>	c. (Last) <b>Wenda</b>	(Month) <b>June</b>	(Day) <b>28</b>	(Year) <b>1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 11, 1874</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired (10)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Peter Wenda</b>	13b. MOTHER'S MAIDEN NAME <b>Not Known</b>	14. NAME OF HUSBAND OR WIFE <b>Josephine</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>\$12-10-4488</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs J.F. Wisniewski</b> ADDRESS <b>St Joseph, Mo</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>Unknown</b>
	DUE TO (c) <b>Diabetes</b>		<b>Unknown</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9, 19 10, to 6-28, 1952, that I last saw the deceased alive on 6-28, 1952, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Clara W. H. ...</i> (Degree or title) <b>MAO</b>	23b. ADDRESS <b>Tootle Building St. Joseph, Mo.</b>	23c. DATE SIGNED <b>7-1-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-29-52</b>	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) <b>Bellville, Kans.</b>		

DATE REC'D BY LOCAL REG. <b>July 1, 1952</b>	REGISTRAR'S SIGNATURE <i>Carl C. Coakley</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Norman W. ...</i> ADDRESS <b>1802 Union St.</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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**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 .....  
Student Embalmer

Signed \_\_\_\_\_

~~St. Joseph~~ Robert H. Gape

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.