

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12291
1597

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>50 YRS.</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4735 TRACY AVENUE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>4735 TRACY AVENUE 2750</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>	b. (Middle) <u>(NONE)</u>	c. (Last) <u>WONDRASKA</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 6, 1954</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 10, 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AUTOMATIC SPRINKLER FITTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WALTON BACKING INDUSTRY SPRINKLER CO.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MILWAUKEE, WISCONSIN</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>FRANK WONDRASKA</u>	
13b. MOTHER'S MAIDEN NAME <u>CATHERINE SMRZ</u>		14. NAME OF HUSBAND OR WIFE <u>MURIEL JOY ERWIN WONDRASKA</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-01-9111</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MR. FRANK WONDRASKA, 4735 TRACY AVE., K.C., MO.</u>	
---	--	--	--

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Primary Carcinoma of lung with metastasis to the brain.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastasis to the brain.</u>		
	DUE TO (c) <u>arteriosclerotic heart disease</u>		<u>years</u>
	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 checked="" type="checkbox"/> NO <input 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)	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 COB, 1936, to April 6, 1954, that I last saw the deceased alive on April 5, 1954, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Esther Winkelman</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>7449 Broadway</u>	23c. DATE SIGNED <u>4-6-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR. 8, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY KANSAS CITY, MISSOURI</u>
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O.H. Newcomer, 1331 BRUSH CREEK KANSAS CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-8-54</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	

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

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..... *Robert E. Herron*

Licensed Embalmer No. *48*

P. O. Address *R. C. M.*

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.