

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41809
STATE FILE NUMBER
5513

FILED JAN 14 1957

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

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4145 State Line</i>			Length of stay in 1b <i>45 yrs.</i>		d. STREET ADDRESS (If outside, give location) <i>4145 State Line</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>George</i> Middle <i>Wm.</i> Last <i>Wolter</i>				4. DATE OF DEATH Month <i>December</i> Day <i>16</i> Year <i>1956</i>					
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 21, 1874</i>		9. AGE (In years last birthday) <i>82</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min.	IF UNDER 24 HRS. Hours <i>0</i> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Engineer Retired 1940</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>K. C. Terminal</i>		11. BIRTHPLACE (City and state or country) <i>Chicago, Ill.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>John C. Wolter</i>				14. MOTHER'S MAIDEN NAME <i>Chrystal Schilter</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>703-03-8678</i>		17. INFORMANT (wife) Address <i>Kansas City, Mo.</i> <i>Mrs. Stella B. Walter, 4145 State Line</i>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>							INTERVAL BETWEEN ONSET AND DEATH <i>8 days</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) <i>Coronary atherosclerosis</i>		
							DUE TO (c) <i>Generalized Arterio sclerosis</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>multiple myeloma</i>							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.) <i>none</i>						
20c. TIME OF INJURY Hour <i>0</i> Month <i>0</i> Day <i>0</i> Year <i>0</i> a. m. <i>0</i> p. m. <i>0</i>									
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.) <i>0</i>		20f. CITY, TOWN, OR LOCATION <i>Kansas City</i>		COUNTY <i>Wagantell</i>		STATE <i>Kansas</i>	
21. I attended the deceased from <i>11-16-56</i> to <i>12-16-56</i> and last saw her/him alive on <i>12-16-56</i> . Death occurred at <i>5:15 pm</i> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Fred C. Young M.D.</i> (Degree or title)				22b. ADDRESS <i>1401 SW. Blvd. K.C. Young</i>		22c. DATE SIGNED <i>12/17/56</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>Dec. 19, 1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Maple Hill Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Kansas</i>				
24. FUNERAL DIRECTOR <i>Gates Funeral Home, K. C. Kan.</i>			25. DATE RECD. BY LOCAL REG. <i>12-19-56</i>		26. REGISTRAR'S SIGNATURE <i>Reva Minshall</i>				

(Licensed Embalmer's Statement on Reverse Side)

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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 Doctor, coroner, and

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 *Ralph O. Gull*.....

Licensed Embalmer No...56

P. O. Address *K.C. Kan*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER, in his OWN HANDWRITING. (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.