Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-009013
STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 42 Primary Registration District No. Registrar's No. 345

1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washinton Township — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Kansas City 8150 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Route 5 — Length of stay in 1b: 5 hours	d. STREET ADDRESS (If outside, give location) 2311 Feree — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOHN; Middle WILLIAM; Last WOHLFORD

4. DATE OF DEATH: Month March; Day 23; Year 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: July 12, 1901

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Meat Packing Co.

11. BIRTHPLACE (City and state or country): Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John W. Wohlford

13b. MOTHER'S MAIDEN NAME: Alice (Unknown)

14. NAME OF HUSBAND OR WIFE: Addie Wohlford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 510-07-3611

17. INFORMANT: John Wohlford, Address: Beck Road, St. Joseph, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 viewed Mar. 23, 1958, to and last saw her/him alive on

Death occurred at 3:15 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D.

22b. ADDRESS Herman Bldg.

22c. DATE SIGNED 3/23/58

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: Mar. 23, 1958

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State): Kansas City Kansas

24. FUNERAL DIRECTOR: Earl A. Clark — ADDRESS: St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.: Mar. 23, 1958

26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be issued. All diseases in Part I must be causally related.

APR 9 1958

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 ..... Signed Emma Clark
Signature of Student Embalmer

Licensed Embalmer No. 4238
P. O. Address [illegible]

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.