Health, & Welfare Public Service

S. 300
1-57

FILED MAY 2 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-014546
STATE FILE NUMBER

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 1898

1. PLACE OF DEATH
a. COUNTY CLAY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5407 E 49th — Length of stay in 1b 15 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY CLAY
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 5080 5407 E 49th — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Willard Middle S Last Wingler

4. DATE OF DEATH Month April Day 9 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Dec 4 1874
9. AGE (In years last birthday) 83 — 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) Interior Decorator
10b. KIND OF BUSINESS OR INDUSTRY Self Employed
11. BIRTHPLACE (City and state or country) Salem, Ind
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Andrew Wingler
13b. MOTHER'S MAIDEN NAME Amanda Wright
14. NAME OF HUSBAND OR WIFE Effie Wingler

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. None
17. INFORMANT Mrs Margaret Denton Address 1641 E Michigan Inglis, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Unknown - Possibly Acute Coronary Occlusion
IMMEDIATE CAUSE (a)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 [X]

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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O. S. Pate MD (Degree or title) (Coroner) 3
22b. ADDRESS North Kansas City, Mo.
22c. DATE SIGNED 4/12/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 4-12-58
23c. NAME OF CEMETERY OR CREMATORY Greenwood Cem
23d. LOCATION (City, town, or county) Clay Co (State) Mo

24. FUNERAL DIRECTOR D.W. Newcomer's Sons ADDRESS NKC
25. DATE RECD. BY LOCAL REG. 4-12-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

O. S. Pate

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 Glenn H. [illegible]

Licensed Embalmer No. 4586

P. O. Address K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.