

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029306

STATE FILE NUMBER

3964

FILED SEP 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Platte</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>Parkville Mo. 630</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Research</i>		Length of stay in lb <i>2 weeks</i>	d. STREET ADDRESS (If outside, give location) <i>R-1 Box 39A</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Fred Charles Wedow</i>			4. DATE OF DEATH Month Day Year <i>Aug 15 1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</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>Dec 30, 1890</i>
9. AGE (In years, Months, Days, Hours, Min.) <i>67</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Rock Quarry Owner</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>Crushed rock</i>		11. BIRTHPLACE (City and state or country) <i>Denver Colo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>		13a. FATHER'S NAME <i>Fred August Wedow</i>	
13b. MOTHER'S MAIDEN NAME <i>—</i>		14. NAME OF HUSBAND OR WIFE <i>Grace Wedow</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>417-40-0370</i>	17. INFORMANT Address <i>Robert Wedow 4506 Terrace K.C. Mo</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>fulminating embolus</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Cardioma Coarctation</i> DUE TO (c) <i>66x0</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>1530</i>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>7/27/58</i> to <i>7/15/58</i> and last saw ^{her} him alive on <i>8/15/58</i> Death occurred at <i>10:30 Pm</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert C. Mc Clanahan</i> (Degree or title)		22b. ADDRESS <i>MO 820 Potosi</i>	
22c. DATE SIGNED <i>8/17/58</i>		22d. ADDRESS <i>Mo.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Aug 19, 1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Leland N. Francis Parkville, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>8-17-58</i>	
26. REGISTRAR'S SIGNATURE <i>Irene Marshall</i>			

MEDICAL CERTIFICATION

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.

Robert C. Mc Clanahan MD ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



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 *Leland H. Francis*
401 Main
Licensed Embalmer No. *3457*
P. O. Address *Parkville, 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.