t. Health,
, & Welfare
S. Public
th Service
7800
S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029391
STATE FILE NUMBER

FILED SEP 11 1958 Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: Jackson.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: RURAL WASHINGTON TWP Hickman Mills — Inside Limits: No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION: CRAIG ROAD + OLIVER RD — Length of stay in Hospital: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Hickman Mills 7000 — Inside Limits: No ☒
d. STREET ADDRESS (If outside city, give location): CRAIG ROAD + OLIVER RD RR #19 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HERBERT Middle G. Last WIRTHMAN

4. DATE OF DEATH: Month Sept. Day 8 Year 1958

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Apr 27, 1903

9. AGE (In years last birthday): 55 — 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): Maintainence Man
10b. KIND OF BUSINESS OR INDUSTRY: General Mills
11. BIRTHPLACE (City and state or country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Peter Wirthman
13b. MOTHER'S MAIDEN NAME: Anna Victoria Halbauer
14. NAME OF HUSBAND OR WIFE: Martha E.

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.: 486-07-2927
17. INFORMANT: Martha E. Wirthman, RR #19 Address: Hickman Mills Missouri

MEDICAL CERTIFICATION — USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Inoperable carcinoma of Throat
DUE TO (c) General Metastasis 148X

INTERVAL BETWEEN ONSET AND DEATH: Jan. 57

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 ☒ 2

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 Apr 8 57, to Aug 2, 58 and last saw her/him alive on Aug 2, 1958
Death occurred at 8:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. H. Duncan (Degree or title) MD
22b. ADDRESS 618 Ruf Dr
22c. DATE SIGNED 9/8/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-10-58
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR ADDRESS: Mellody-McGilley-Eylar Funeral Home Woodland-Linwood
25. DATE REC'D BY LOCAL REG.: 9/9/1958
26. REGISTRAR'S SIGNATURE: Sterling E. Goddard
(Licensed Embalmer's Statement on Reverse Side)

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.

SEP 12 1958

MAR 5 1959

Dr. Wm. H. [illegible]
Prof. Bldg
Vi 2-1146

1PM - 4PM

SEP 26 1958

YS MAR 20 1959

MAR 18 1959

Exchange at Grandview

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 Melvin Bartlow

Licensed Embalmer No. 4903

P. O. Address KC 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.