Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-040293
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1007 Registrar's No. 5180

FILED NOV 1 9 1958

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: Menorah Medical Center — Length of stay in Ib: 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3301 E. 62nd St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Sarah Middle: E. Last: Wodecka

4. DATE OF DEATH: Month: 10 Day: 31 Year: 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 12-27-76

9. AGE (In years last birthday): 82 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Durham, England

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: David Hillery Sr.

13b. MOTHER'S MAIDEN NAME: Jane Ridley

14. NAME OF HUSBAND OR WIFE: John Wodecka

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Helen Beery Address: 3301 E. 62nd-Kans.City,Mo.

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary atherosclerosis
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pulmonary infarction. 4271

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] .2

MEDICAL CERTIFICATION

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 1951, to 10-31-58 and last saw her/him alive on 10-31-58.
Death occurred at 6 10 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William Lowe Mundy M.D.

22b. ADDRESS: 1103 Grand K.C. Mo.

22c. DATE SIGNED: 10-31-58.

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

23b. DATE: 11-1-58

23c. NAME OF CEMETERY OR CREMATORY: Sunny Slope Cemetery

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

24. FUNERAL DIRECTOR: Quast-Lile Funeral Home — ADDRESS: Richmond Mo.

25. DATE RECD. BY LOCAL REG.: 11-1-58

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

William Lowe Mundy

NOV 19 1958

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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 Morris D. Bailey

Licensed Embalmer No. 4227

P. O. Address Richmond, Me

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.