

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009758  
STATE FILE NUMBER  
1539

FILED APR 8 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300 4  
-57

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Colonial Nurse Home 100 E 36th St.</b>		Length of stay in 1b <b>46 years</b>	d. STREET ADDRESS (If outside, give location) <b>1010 Chestnut</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Oliver</b> Middle Last <b>Wonderly</b>			4. DATE OF DEATH Month <b>MARCH</b> Day <b>23</b> Year <b>1959</b>	
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>CAUC.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 14, 1883</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Boilermaker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Boilermaker</b>	11. BIRTHPLACE (City and state or country) <b>Lima, Ohio</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Ely Wonderly</b>	13b. MOTHER'S MAIDEN NAME <b>Roseland - unknown -</b>	14. NAME OF HUSBAND OR WIFE <b>Julia Wonderly</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>499-09-3374</b>	17. INFORMANT Address <b>MRS. Julia Wonderly 1010 Chestnut</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Generalized Arteriosclerosis</b>	<b>10 years</b>
	DUE TO (c) <b>Coronary Heart Disease with failing compensation</b>	<b>3 years</b>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from <b>December 18, 1958</b> to <b>March 23, 1959</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>March 22, 1959</b> Death occurred at <b>4:25 a.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Daguer or title) <b>William D. Hand, Jr., D.O.</b>	22b. ADDRESS <b>605 Woodland</b>	22c. DATE SIGNED <b>3/24/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>MARCH 26, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FLORAL Hills Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Muehlebach 6800 Troost</b>	25. DATE RECD. BY LOCAL REG. <b>3-24-59</b>	26. REGISTRAR'S SIGNATURE <b>Ieva Minshall</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

William D. Hand

All diseases in Part I must be causally related.

1105 2.1 1974

(52)

**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 *A. E. Nichols* .....

Licensed Embalmer No. *4997* .....  
P. O. Address *K. P. 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.