

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016897
STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 547

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		Length of stay in 1b 2 weeks	d. STREET ADDRESS (If outside, give location) Mitchell Ave. Road
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last ANDREW WHOBEL			4. DATE OF DEATH Month Day Year May 20, 1959		
---	--	--	--	--	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 23, 1880	9. AGE (In years last birthday) 78	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) Ret. Stone Mason		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Poland	12. CITIZEN OF WHAT COUNTRY? unknown
---	--	-----------------------------------	--	---

13a. FATHER'S NAME Larence Wrobel		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Frances		
--------------------------------------	--	--------------------------------------	--	--	--

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. 493-14-6573	17. INFORMANT Address Mrs. Edward Haskey, R.R. #4, St. Joseph, 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) <u>Arterio Sclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis General</u>				
DUE TO (c) _____				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200				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.)		
---	--	--	--	--	--

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 May 7 - 1959, to May 20, 1959 and last saw ^{him} alive on May 20 - 1959
Death occurred at 5:40 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Gustav A. Havel</u> M.D.		22b. ADDRESS Kirkpatrick Bldg St. Joseph - Missouri		22c. DATE SIGNED May 22 - 1959
---	--	--	--	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5/23/1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph Missouri
---	--	------------------------	---	--	--

24. FUNERAL DIRECTOR ADDRESS <u>Hester - Bowman</u> St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. May 25, 1959	26. REGISTRAR'S SIGNATURE <u>Mr. Clark Stoddell</u>		
--	--	--	--	--	--

All diseases in Part I must be causally related.

Dr. Gustav A. Havel
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Mr. ...

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 *Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St, St Joseph*

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.