

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018009  
STATE FILE NUMBER  
2464

FILED JUN 9 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MENORAH MEDICAL CENTER		Length of stay <u>392 1/2</u> <u>LIFE</u>	d. STREET ADDRESS (If outside, give location) 7620 Bellview
3. NAME OF DECEASED (Type or print) First Middle Last JOHN J. WASMUTH		4. DATE OF DEATH Month Day Year MAY 16, 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 9-11-05
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER OF JACK'S EAT SHOP		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 53 yrs.
11. BIRTHPLACE (City and state or country) KANSAS CITY, KANSAS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN WASMUTH		13b. MOTHER'S MAIDEN NAME NELLIE BRAZELTON	14. NAME OF HUSBAND OR WIFE DONNA WASMUTH
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. 495 07 9112	17. INFORMANT Address DONNA WASMUTH 7620 BELLEVUE
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>Acute Coronary Occlusion</u> DUE TO (b) <u>Atherosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } 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			INTERVAL BETWEEN ONSET AND DEATH 5 hours 3 years
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 <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 <u>1956</u> to <u>May 16, 1959</u> and last saw her alive on <u>May 16, 1959</u> Death occurred at <u>12:30</u> <u>A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Jack W. Wolf M.D.</u>		22b. ADDRESS <u>409 W. 63 Kansas City, Mo</u>	22c. DATE SIGNED <u>5/16/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MAY 18, 1959	23c. NAME OF CEMETERY OR CREMATORY BLAIRSTOWN CEM	23d. LOCATION (City, town, or county) (State) BLAIRSTOWN MO.
24. FUNERAL DIRECTOR ADDRESS <u>W. W. Newcomer Son, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-18-59</u>	26. REGISTRAR'S SIGNATURE <u>Beva Marshall</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Jack W. Wolf

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 *Harold L. Ceterna*

Licensed Embalmer No. *3035*  
P. O. Address *St. C. Rd.*

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.