THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-021787

STATE FILE NUMBER

FILED JUN 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2598

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Trinity Lutheran — Length of stay in 1b: 38 yrs

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 ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3508 6215 Brooklyn — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Fred Middle: H Last: Wohltman

4. DATE OF DEATH: Month May Day 23 Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Feb 5, 1894

9. AGE (In years last birthday): 65 — 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): Electrician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Effingham, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Herman Wohltman

13b. MOTHER'S MAIDEN NAME: Mary Weichert

14. NAME OF HUSBAND OR WIFE: Opal Wohltman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 487-07-2639

17. INFORMANT: Opal Wohltman Address: 6215 Brooklyn K.C. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial Infarction — ?
DUE TO (c): Hypertensive Cardiovascular Disease — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 5-22-59, to 5-23-59 and last saw her/him alive on 5-23-59
Death occurred at 4:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Richard E. Davis (Degree or title) M.D.

22b. ADDRESS: 4140 West 71st

22c. DATE SIGNED: 5-27-59

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

23b. DATE: May 26, 1959

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park

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

24. FUNERAL DIRECTOR: Muehlebach F.H. K.C. Mo — ADDRESS: 6800 Troost

25. DATE RECD. BY LOCAL REG.: 5-25-59

26. REGISTRAR'S SIGNATURE: neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Richard E. Davis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed J. T. Crowell

Licensed Embalmer No. 4.9.0.4

P. O. Address Y. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Faill 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.