MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

60-006694
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1036

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: 7 HRS 35 MIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: KANSAS CITY TUBERCULOSIS HOSP.
Inside Limits: Yes ☑ No ☐

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): 206 W. 83 TERRACE
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: DON Middle: E Last: WONDER
4. DATE OF DEATH: Month: 2 Day: 18 Year: 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☑
8. DATE OF BIRTH: 1-21-1917
9. AGE (last birthday): 43
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
10b. KIND OF BUSINESS OR INDUSTRY: factory
11. BIRTHPLACE (City and state or country): Horton, Kansas
12. CITIZEN OF WHAT COUNTRY: U,S,
13a. FATHER'S NAME: Arloe Wonder
13b. MOTHER'S MAIDEN NAME: Louise Stegman
14. NAME OF HUSBAND OR WIFE: Alma
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 209-05-1418
17. INFORMANT: Jack Wonder Address: 206 W 83 Terr. K.C.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): PULMONARY TUBERCULOSIS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? ☒ 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 2-18-1960, to 2-18-1960 and last saw ~~her~~ him alive on 2-18-1960
Death occurred at 8:05 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward P. Altomare MD
22b. ADDRESS: 2610 E. 63rd K.C.Mo
22c. DATE SIGNED: 2/19/60

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: Feb. 19-1960
23c. NAME OF CEMETERY OR CREMATORY: Horton Cemetery
23d. LOCATION (City, town, or county) (State): Horton, Kansas

24. FUNERAL DIRECTOR: JOS. A. BUTLER'S SONS ADDRESS: K.C.K
25. DATE RECD. BY LOCAL REG.: 2-20-60
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT — MEDICAL CERTIFICATION — BY AFFIDAVIT OF Edward P. Altomare

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Russell W Dennis

Licensed Embalmer No. 3462

P. O. Address K C K

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