

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-011305

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1720 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)	
a. COUNTY JACKSON	a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	Length of stay in 1b 48 yrs.	c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 569 STONEWALL COURT	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
	MARTIN	CHARLES	WENTHE	3 - 22 - 1960			

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 5-6-1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months		Days
				Hours		Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN	10b. KIND OF BUSINESS OR INDUSTRY INTERSTATE BINDERY Co. TOPEKA, KANSAS	11. BIRTHPLACE (City and state or country) U.S.A.	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME GEO. WENTHE	13b. MOTHER'S MAIDEN NAME MARY UTERS	14. NAME OF HUSBAND OR WIFE ADELINE M. WENTHE
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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) YES W.W.I	16. SOCIAL SECURITY NO. 495-03-9048Q	17. INFORMANT MRS. ADELINE WENTHE	Address 569 STONEWALL
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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:		INTERVAL BETWEEN ONSET AND DEATH 3/1/59.
IMMEDIATE CAUSE (a)	Carcinoma right lung with metastases left knee, left temple, chest wall & abdominal wall	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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	Month, Day, Year
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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 May 1, 1959 to March 22, 1960 and last saw him alive on March 22, 1960  
 Death occurred at 9:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. G. Willits M.D.	22b. ADDRESS 1103 Grand Avenue	22c. DATE SIGNED 3/23/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-24-1960	23c. NAME OF CEMETERY OR CREMATORY Mt. WASHINGTON CEM.	23d. LOCATION (City, town, or county) KANSAS CITY, MO.
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24. FUNERAL DIRECTOR C.H. BLACKMAN & SON INC. K.C.M.O.	25. DATE RECD. BY LOCAL REG. 3-23-60	26. REGISTRAR'S SIGNATURE Neva Minshall
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DOCUMENT

BY AFFIDAVIT OF W. G. Willits M.D. MEDICAL CERTIFICATION

**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 Bert B. Ben

Licensed Embalmer No. 4656

P. O. Address S. C., S.

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