

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-61-009231**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1137

STATE FILE NUMBER

AMENDED

**FILED MAR 20 1961**

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                  |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |   | Length of stay in 1b<br><b>5 Years</b>  |   | c. CITY OR TOWN <b>Kansas City</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | d. STREET ADDRESS (If outside, give location)<br><b>120 East 43rd Street</b> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>MARY</b> Middle <b>ELIZABETH</b> Last <b>WEMPLE</b>   |   |   | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>1</b> Year <b>1961</b>  |  |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>May 8, 1906</b>                                | 9. AGE (last birthday)<br><b>54</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Accounting Clerk - United States Post Office</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>United States Post Office</b>   |   | 11. BIRTHPLACE (City and state or country)<br><b>Vermont</b>                 |  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |   | 13a. FATHER'S NAME<br><b>J. B. Wright</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Alice Duba</b>                               |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Edgar Earl Wemple</b>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                    |   |  |  |
| 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT Address<br><b>Allan J. Wemple Kansas City, Mo.</b>  |   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Hemorrhage from internal carotid a.</b><br>DUE TO (b) <b>Spontaneous rupture of artery</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 hours</b><br><b>Same</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Acute bronchitis</b>  |   |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   | 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 <b>Sept. 1957</b> to <b>Feb. 1, 1961</b> and last saw her alive on <b>Mar. 1, 1961</b><br>Death occurred at <b>12 noon</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |  |  |
| 22a. SIGNATURE (Ink or blue ink)<br><b>Albert J. Decker MD</b>  |   |   | 22b. ADDRESS<br><b>Kansas City, Mo</b>                                |  | 22c. DATE SIGNED<br><b>3-2-61</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |   | 23b. DATE<br><b>March 2, 1961</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Arlington Natl. Cemetery</b> |  | 23d. LOCATION (City, town, or county) (State)<br><b>Arlington, Virginia</b>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Freeman Mortuary Kansas City, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>3-3-61</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>                                |  |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**Albert J. Decker**

In about Duoken  
Waldheim Body  
VI 26708  
1:30-2:30

**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 Walter H. Corwin

Licensed Embalmer No. 4352

P. O. Address K. E. Mc

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.