

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1912-61-014058  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1.002 Registrar's No. \_\_\_\_\_

AMENDED

FILED MAY 8 1961

|                                                                                                    |  |                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>                                                      |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>Jackson</u> |  |
| b. CITY (if outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kansas City</u>            |  | c. CITY OR TOWN <u>Kansas City</u>                                                                                                      |  |
| Length of stay in 1b<br><u>6 yrs</u>                                                               |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                    |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>6840 Wornall</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>6840 Wornall Rd.</u>                                                                |  |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>               |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                   |  |

|                                                                                                                       |                                  |                                                                                                                                                             |                                                                       |                                                                         |                                                            |                                                |  |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Charlotte</u> Middle <u>G.</u> Last <u>Wasser</u>                     |                                  |                                                                                                                                                             | 4. DATE OF DEATH<br>Month <u>April</u> Day <u>16</u> Year <u>1961</u> |                                                                         |                                                            |                                                |  |
| 5. SEX<br><u>Female</u>                                                                                               | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Dec. 2, 1931</u>                               | 9. AGE (last birthday)<br><u>29</u>                                     | IF UNDER 1 YEAR<br>Months _____ Days _____                 | IF UNDER 24 HR<br>Hours _____ Min. _____       |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>       |                                  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                                           |                                                                       | 11. BIRTHPLACE (City and state or country)<br><u>Minneapolis, Minn.</u> |                                                            | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u> |  |
| 13a. FATHER'S NAME<br><u>Frank V. Gridinger</u>                                                                       |                                  |                                                                                                                                                             | 13b. MOTHER'S MAIDEN NAME<br><u>Sybil Vaughn</u>                      |                                                                         | 14. NAME OF HUSBAND OR WIFE<br><u>Burton K. Wasser</u>     |                                                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |                                  |                                                                                                                                                             | 16. SOCIAL SECURITY NO.                                               |                                                                         | 17. INFORMANT<br><u>Burton K. Wasser, 6840 Wornall Rd.</u> |                                                |  |
|                                                                                                                       |                                  |                                                                                                                                                             | Address <u>K. C., Mo.</u>                                             |                                                                         |                                                            |                                                |  |

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bullet wound head

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.  
 Yes  No  Unknown

|                                                                                                   |                                                                                                                      |                                                                                                                           |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>Shot himself. head</u> |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>p.m. <u>4-16-61</u>         | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.)<br><u>Residence Kansas City</u>        |
| 20f. CITY, TOWN, OR LOCATION<br><u>Jackson Mo</u>                                                 |                                                                                                                      | STATE<br><u>Mo</u>                                                                                                        |

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

|                                                                      |                                          |                                                         |
|----------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>Hugh H. Owens</u>             | 22b. ADDRESS<br><u>152 Union Station</u> | 22c. DATE SIGNED<br><u>4-17-61</u>                      |
| 23. BURIAL INFORMATION (Specify)<br><u>Burial</u>                    | 23a. DATE<br><u>4-20-61</u>              | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Moriah</u> |
| 24. FUNERAL DIRECTOR<br><u>Stine &amp; McClure, Kansas City, Mo.</u> |                                          | 25. DATE RECD. BY LOCAL REG.<br><u>4-18-61</u>          |
| 26. REGISTRAR'S SIGNATURE<br><u>Ruth Long</u>                        |                                          |                                                         |

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 HUGH H. OWENS

**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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City

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.