

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-016783
STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 80

AMENDED **FILED MAY 25 1961**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri COUNTY Cass	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Pleasant Hill		Length of stay in 1b 12 Yrs	c. CITY OR TOWN Pleasant Hill Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R F D # 4 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Earl Middle Frank Last Wendel			4. DATE OF DEATH Month 4 Day 18 Year 1961			
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 6 28 01	9. AGE (last birthday) 60	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) Supt. Water District		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Jackson Co. Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A
13a. FATHER'S NAME Henry Wendel		13b. MOTHER'S MAIDEN NAME Mary Davis		14. NAME OF HUSBAND OR WIFE Mertie Wendel		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT Address
Mertie Wendel, Pleasant Hill, 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) **Coronary thrombosis with infarction** INTERVAL BETWEEN ONSET AND DEATH **1 hour**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) **Arteriosclerotic coronary heart disease 5 years?**

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? 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 **10 Nov 48** to **18 April 61** and last saw ^{her}him alive on **12 Dec 1960**
 Death occurred at **7:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Jack M Davis MD

22b. ADDRESS
Purtown MO

22c. DATE SIGNED
20 Apr 61

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

23b. DATE
4 21 61

23c. NAME OF CEMETERY OR CREMATORY
Floral Hills

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

24. FUNERAL DIRECTOR ADDRESS
Floral Hills Memorial Chapels, Inc K.C. Mo

25. DATE RECD. BY LOCAL REG.
April 20-1961

26. REGISTRAR'S SIGNATURE
Mr Ray DeBree

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

VS MAY 25 1961

801 N. Lexington

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 John R. Sedeno

Licensed Embalmer No. 4531

P. O. Address James St

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.

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