

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027396

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3771

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 25 YEARS	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. MARYS HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 535 CHESTNUT AVENUE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last BEN JOHN WENDA			4. DATE OF DEATH Month Day Year JULY 17th 1962
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOTLEMAKER		10b. KIND OF BUSINESS OR INDUSTRY WELDER	11. BIRTHPLACE (City and state or country) ST. JOSEPH, MO.
13a. FATHER'S NAME JOSEPH A. WENDA		14. NAME OF HUSBAND OR WIFE ANTONIA WENDA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. -	17. INFORMANT Address MRS. ANTONIA WENDA 535 CHESTNUT AVE KANSAS CITY, 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) <i>Shock + hemorrhage resulting from multiple rib fractures, fracture of 7th & 8th ribs + sup. dural hematoma -</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>multiple fractures of pelvis</i> DUE TO (c) <i>multiple fractures of pelvis</i>			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) <i>Generalized carcinomatosis</i>			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
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <i>always occurring as result of</i>	
20c. TIME OF INJURY Hour a.m. p.m. 7-17-62	Month, Day, Year fall from 3d floor		
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, farm, factory, street, office, bldg., etc.) Hospital	20f. CITY, TOWN, OR LOCATION Lamarville, Jackson	STATE MO
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at 11:45P on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE <i>Geo C. Koehler</i> (Degree or title)		21b. ADDRESS <i>6627 Park Dr S Ow</i>	21c. DATE SIGNED 7-18-62
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 19, '62	22c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS, KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 7-19-62	26. REGISTRAR'S SIGNATURE <i>Ruth A Long</i>

USE BLACK INK OR TYPEWRITER RIBBON

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 _____

Tom Fowler

Licensed Embalmer No. 4915

P. O. Address 56 Me

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.