

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030827

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4239

FILED SEP 4 1962

VS 300  
Rev. 4/59

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9150

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Graham Asher

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Length of stay in 1b <b>2 Weeks</b>	c. CITY OR TOWN <b>Prairie Village</b>
c. FULL NAME OF (If NOT in hospital, give location) <b>Baptist Memorial Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>7731 Aberdeen Road</b>
3. NAME OF DECEASED (Type or print) <b>WALTER HENRY ATZENWEILER</b>		4. DATE OF DEATH <b>August 15, 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cauc.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/5/1902</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager of K. C. Chamber of Commerce</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture Dept</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S. A.</b>
13a. FATHER'S NAME <b>John Atzenweiler</b>		13b. MOTHER'S MAIDEN NAME <b>Selina Meyer</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Atzenweiler</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Anna Atzenweiler, 7731 Aberdeen Road, Kansas Prairie Village.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for terminal disease) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Terminal Congestive Heart Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Artery Sclerosis and Insufficiency</b>			<b>1 year</b>
DUE TO (c) <b>General Vasculor Sclerosis</b>			<b>3 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arterial Hypertension - Hypostic Insufficiency</b>			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 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.)	
20c. TIME OF INJURY Hour a.m. p.m. 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>5-26-1949</b> to <b>8-15-1962</b> and last saw <sup>her</sup> him alive on <b>8-15-1962</b> Death occurred at <b>3:25 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Graham Asher M.D.</b>		22b. ADDRESS <b>1720 Professional Bldg - Kansas City 6-mo</b>	22c. DATE SIGNED <b>8-16-1962</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug. 18, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Mem. Gard.</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons, 1331 Brush Creek Blvd. Kansas City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-17-62</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>

W. Arthur Graham  
1220 Professional Bldg.  
3:00-6:00

**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 Harold P. Reich

Licensed Embalmer No. 4998  
P. O. Address K. C., Mo.

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.