

FILED NOV 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33759

State File No. 4407

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4407</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2703 East 46th Street</u>				d. STREET ADDRESS (If rural, give location) <u>2703 East 46th Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>E.</u>		c. (Last) <u>WAMPLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14, 1950</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 1, 1874</u>		
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auditor</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Isaac Wampler</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia -</u>		14. NAME OF HUSBAND OR WIFE <u>Claudia A. Wampler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>474-16-3504A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Claudia A. Wampler, 2703 E. 46th St.,</u>			ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arteriosclerosis</u>								
INTERVAL BETWEEN ONSET AND DEATH <u>15 years</u>								
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION								
19b. MAJOR FINDINGS OF OPERATION <u>123</u>								
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson, Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug - 1950</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell on floor</u>				
22. I hereby certify that I attended the deceased from <u>6-19, 1936</u> , to <u>10-14, 1950</u> , that I last saw the deceased alive on <u>10-8, 1950</u> and that death occurred at <u>10:20</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Frank B. Leitz</u> (Degree or title) <u>O. MD</u>				23b. ADDRESS <u>1530 Prof. Bldg. Kansas City Mo.</u>		23c. DATE SIGNED <u>10-16-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/15/50</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Gallatin, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-18-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE, Kansas City, Mo.</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Frank B. Reitz
Pres. Bd. of
Ha 1331
1530

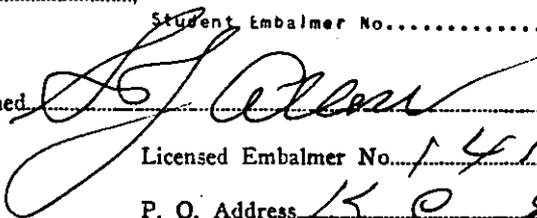
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed



Signed.....

Student Embalmer

Licensed Embalmer No. 1413

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 this body is not embalmed, fact should be so stated above.