

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9005**  
**895**

BIRTH NO. **FILED MAR 18 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>CLAY</b>	
b. CITY OR TOWN <b>KANSAS CITY</b>	c. LENGTH OF STAY (In this place) <b>70 yrs</b>	c. CITY OR TOWN <b>KANSAS CITY NORTH</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RESERACH HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>4332 N. CLEVELAND</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Wilbur</b>	b. (Middle) <b>H.</b>	c. (Last) <b>WETZEL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 24 1954</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed 2</b>	8. DATE OF BIRTH <b>SEPT. 21, 1877</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OWNER CARTER PLEATING CO</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>BLUE MOUND, ILL.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>B. F. WETZEL</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH HARTWELL</b>	14. NAME OF HUSBAND OR WIFE <b>STELLA A. WETZEL</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>LYNN K. WETZEL</b>	ADDRESS <b>3422 E 43RD ST</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Abdominal Ulcer to massive hemorrhage</b>		<b>3 wks</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hemorrhage</b> DUE TO (c)		<b>5/10</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Myocardial Infarction due to Coronary Artery Thrombosis</b>			<b>1 month</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 1, 1953**, to **24 Feb, 1954** that I last saw the deceased alive on **2-23-54** and that death occurred at **8:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edw. H. Fischer</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>306 E 21st NYC MO.</b>	23c. DATE SIGNED <b>2-25-54</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-27-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WHITE CHAPEL M.G.</b>	24d. LOCATION (City, town, or county) (State) <b>CLAY Co. MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>2-26-54</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newkome</b>	ADDRESS <b>Lawrence N. K. Co. Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 W. Kalsbeek*

Licensed Embalmer No. *494*

P. O. Address *W. B. Kessler*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.