

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27856**
3418

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) LIFE	c. CITY OR TOWN KANSAS CITY	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 2519 TROOST AVENUE		f. STREET ADDRESS (If rural, give location) 2519 TROOST AVENUE	

3. NAME OF DECEASED (Type or Print)	a. (First) GUS	b. (Middle)	c. (Last) WOLF	4. DATE OF DEATH (Month) (Day) (Year) JULY 15, 1954
-------------------------------------	-----------------------	-------------	-----------------------	--

5. SEX MALL	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH SEPT 24, 1885	9. AGE (in years last birthday) 68	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours	12. UNDER 1 MIN. Min.
--------------------	-------------------------------	---	---------------------------------------	---	-------------------------	-------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-PLAYER	10b. KIND OF BUSINESS OR INDUSTRY BASEBALL	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	---

13a. FATHER'S NAME MAURICE WOLF	13b. MOTHER'S MAIDEN NAME ESTELLE METZGER	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

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. NONE	17. INFORMANT'S SIGNATURE OR NAME LESTER WOLF	ADDRESS 4433 CAMPBELL KANSAS CITY MO.
--	-------------------------------------	--	--

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, asthma, 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) Chronic Myocardial Insuff		5 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Valvular Heart Disease		5 yrs
DUE TO (c) Cirrhosis of Liver		5 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis Deformans		8 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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) Kansas City Jackson MO
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?

22. I hereby certify that I attended the deceased from Jan 1949 to July 15, 1954 that I last saw the deceased alive on July 14, 1954, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph Getelson, MD (Degree or title) Dr. Joseph Getelson	23b. ADDRESS 1220 Realts Bldg	23c. DATE SIGNED
---	--------------------------------------	------------------

24a. BURIAL OR CREMATION (Specify) BURIAL	24b. DATE JULY 16, 1954	24c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
--	--------------------------------	--	--

DATE REC'D BY LOCAL REG. 7-16-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE H. Newcomer's Son	ADDRESS 1331 BAYSH CAPER KANSAS CITY, MISSOURI
---	--	---	---

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.....
Robert P. Hermon

Licensed Embalmer No.....
288

P. O. Address.....
P.O. Box 111

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.