

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8457

State File No.

1328

FILED APR 14 1955

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

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 OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>LIFE</u>		STREET ADDRESS (If rural, give location) <u>3425 HOLMES STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>			

3. NAME OF DECEASED (Type or Print) <u>Siegmund Wachtel, Sr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 22 - 55</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>APRIL 13, 1897</u>		9. AGE (In years last birthday) <u>57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOOKKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CIRCLE AUTO PARTS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>MAX WACHTEL</u>	13b. MOTHER'S MAIDEN NAME <u>VENA HOFFMAN</u>	14. NAME OF HUSBAND OR WIFE <u>ROENFRO WACHTEL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>	16. SOCIAL SECURITY NO. <u>252-20-6511</u>	17. INFORMANT'S SIGNATURE OR NAME <u>SIEGMUND WACHTEL, JR.</u>	ADDRESS <u>3425 HOLMES ST. K.C. Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia - severe</u>		DUE TO (b) <u>Shock</u>		<u>1 day</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Cranial-Pharyngioma.</u>		<u>2 day</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cyst involving sella + supracellar area of cranial cavity, malignant</u>				<u>?</u>
				<u>195X</u>

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 3-12, 1955, to 3-22, 1955, that I last saw the deceased alive on 3-22, 1955, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>William Lowe Mundy</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>420 Professional Bldg</u>	23c. DATE SIGNED <u>3-22-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>MARCH 24, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ATLANTA GEORGIA</u>
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DATE REC'D BY LOCAL REG. <u>3-24-55</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A.H. Newcomb</u>	ADDRESS <u>331. 12th St. Kansas City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2010-10-10
2010-10-10

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 *Jess T. Lewis*

Licensed Embalmer No. *445*

P. O. Address *Kansas*

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.