

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 12216
1684

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) 40 yrs	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital		STREET ADDRESS (If rural, give location) 3835 Main Street	
3. NAME OF DECEASED (Type or Print) a. (First) EDWIN		b. (Middle) J.	
c. (Last) WETTERSTROM		4. DATE OF DEATH (Month) (Day) (Year) 4 14 55	
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 14, 1871
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
IF UNDER 24 HRS. Hours		IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Ret. Contractor		10b. KIND OF BUSINESS OR INDUSTRY Road Const.	11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois /
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Z. J. Wetterstrom	
13b. MOTHER'S MAIDEN NAME Fredericka Johanson		14. NAME OF HUSBAND OR WIFE Rossie M. Wetterstrom	
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 # 497-14-2543A	
17. INFORMANT'S SIGNATURE OR NAME Hjarmer L. Wetterstrom, Kansas		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Failure INTERVAL BETWEEN ONSET AND DEATH Sudden ANTECEDENT CAUSES DUE TO (b) Circulatory Collapse Few hours. DUE TO (c) Metastatic Prostatic Carcinoma 2 years. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 610X	
19a. DATE OF OPERATION 8/25/53	19b. MAJOR FINDINGS OF OPERATION Primary Carcinoma of prostate gland.		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 11/18/1952 , to 4/14/1955 , that I last saw the deceased alive on 4/14/1955 , and that death occurred at 6:45 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wes L. Stephens, M.D.		23b. ADDRESS 3-E-39th St. Kansas City, Mo.	23c. DATE SIGNED 4/15/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-15-55	24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery	24d. LOCATION (City, town, or county) (State) Lindsborg, Kansas
DATE REC'D BY LOCAL REG. 4-15-55	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagner Funeral Home, N. C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Do
Chas. G. Stephens

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 *Alvin R. Naunschield*

Licensed Embalmer No. *415*

P. O. Address *Kansas City*

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.