

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19040**
2695

FILED JUL 8 - 1955

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 OR TOWN KANSAS City		c. CITY OR TOWN KANSAS City	
c. LENGTH OF STAY (in this place) 15 YEARS		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 St. Lukes Hospital		STREET ADDRESS (If rural, give location) 4825 BELLEVIEW AVENUE	

3. NAME OF DECEASED (Type or Print) a. (First) Paul	b. (Middle) E	c. (Last) WIDAU	4. DATE OF DEATH (Month) (Day) (Year) JUNE 20 1955
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Oct-16-1899	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER Lubricating Plant	10b. KIND OF BUSINESS OR INDUSTRY SECONY Mobilgas	11. BIRTHPLACE (City and State or Foreign Country) TOPEKA KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Albert E. Widau	13b. MOTHER'S MAIDEN NAME Arminda N. Hopper	14. NAME OF HUSBAND OR WIFE MABEL H. WIDAU
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 089-01-7914	17. INFORMANT'S SIGNATURE OR NAME MRS MABEL H. WIDAU	ADDRESS 4825 BELLEVIEW KANSAS CITY, MO.
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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, asthenia, 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) Generalized Metastatic Carcinomatosis		1 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Broncogenic Carcinoma Rt Bronchus		2 mo
DUE TO (c) Thrombo phlebitis right leg.		1 1/2 weeks	
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	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 6-11, 1946, to 6-20, 1955, that I last saw the deceased alive on 6-20, 1955, and that death occurred at 12:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE Chester E. Lee (Degree or title) MD	23b. ADDRESS 174 Plaza Junior Bldg KCMO	23c. DATE SIGNED 6-21-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 23 1955	24c. NAME OF CEMETERY OR CREMATORY TOPEKA CEMETERY	24d. LOCATION (City, town, or county) (State) TOPEKA, KANSAS
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DATE REC'D BY LOCAL REG. 6-23-55	REGISTRAR'S SIGNATURE new Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS	ADDRESS 1331 BRUSH CREEK BLVD
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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 *Adrian Jay St...*

Licensed Embalmer No. 48

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.