

FILED JAN 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43366

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5756

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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>BUCHANAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>ST. JOSEPH</u>	
c. LENGTH OF STAY (in this place) <u>D.O.A.</u>		d. Is Residence within limits of a city or incorporated town? No <input type="checkbox"/> Yes <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. GENERAL Hospital</u>			
e. STREET ADDRESS (If rural, give location) <u>Florence yards, Railroad</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u>		b. (Middle) <u>WEE</u>		c. (Last) <u>WENZBAUER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 31, 1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify) <u>Child</u>		8. DATE OF BIRTH <u>8-23-55</u>	
9. AGE (In years last birthday) <u>4</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nebraska</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>MELVIN WENZBAUER</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Craig</u>	
13a. FATHER'S NAME <u>MELVIN WENZBAUER</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Craig</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CORNER'S REPORT</u>		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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Fractured Skull ?</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>8:16 1/2</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
DUE TO (c)		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 <u>No Post Permit</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joe Buchanan Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-31-55</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>No Car Collision</u>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title)		23b. ADDRESS <u>1834 Kialto Bldg</u>		23c. DATE SIGNED <u>1-1-56</u>	
24a. DATE REC'D BY LOCAL REG. <u>1-2-56</u>		24b. REGISTRAR'S SIGNATURE <u>New Marshall</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Table Rock, Nebraska</u>	
24d. LOCATION (City, town, or county) (State) <u>Table Rock, Nebraska</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. NEWCOMER'S SONS KANSAS CITY, MO.</u>			

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.....  
*Rollie Kessel*

Licensed Embalmer No. *4696*

P. O. Address *K. C. W.*

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.