

FILED MAR 14 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 5187

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 16

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, give TOWNSHIP only) Washington TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Hickman Mills		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bannister Road & Raytown, Road			Length of stay in 1b 50 Yrs.		d. STREET ADDRESS (If outside, give location) Bannister & Raytown Rd.		
3. NAME OF DECEASED (Type or print) First Middle Last Otto Adolph Wahrenbrock				4. DATE OF DEATH Month Day Year March 8 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan 15 1878		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Service			10b. KIND OF BUSINESS OR INDUSTRY U. S. Gov't		11. BIRTHPLACE (City and state or country) Concordia, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S
13. FATHER'S NAME Gustava Wahrenbrock				14. MOTHER'S MAIDEN NAME Louisa Eddjer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Lydia Wahrenbrock Bannister & Raytown		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident, congestive heart failure DUE TO (b) General Atherosclerosis DUE TO (c) Hypertensive heart disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 443X							INTERVAL BETWEEN ONSET AND DEATH 3 Weeks
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Feb 5/57 to Mar. 6/57 and last saw him alive on Mar. 6/57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Edmund E. Nuebel M.D.				22b. ADDRESS 4304 Transit Rd. Mo		22c. DATE SIGNED Mar. 8/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11 March 57	23c. NAME OF CEMETERY OR CREMATORY Floral Hill		23d. LOCATION (City, town, or county) (State) Kansas City Jackson Mo		
24. FUNERAL DIRECTOR ADDRESS FLORAL HILLS MEM CHAPEL INC K.C. MO				25. DATE RECD. BY LOCAL REG. 3-10-57		25. REGISTRAR'S SIGNATURE Sterling Edwards	

(Licensed Embalmer's Statement on Reverse Side)

300
-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms written in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms written in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 13 1957

MAR 25 1957

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 *Ernest L. Seel*.....

Licensed Embalmer No. *48*

P. O. Address *Tamson Co.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.