

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029094

STATE FILE NUMBER

FILED SEP 5 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3969

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Warren F. Wilhelm

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) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Length of stay in 1b 40 YEARS	d. STREET ADDRESS (If outside, give location) 3524 SOUTH BENTON
3. NAME OF DECEASED (Type or print) First Middle Last EMMA GECKLER			4. DATE OF DEATH Month Day Year AUGUST 17/1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV-27-1877
9. AGE (In years) (If UNDER 1 YEAR, last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.	9. AGE (In years) (If UNDER 24 HRS., last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) OSAGE COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME T. B. FRANCIS	13b. MOTHER'S MAIDEN NAME CYNTHIA A. WILLIAMS
14. NAME OF HUSBAND OR WIFE CHARLES GECKLER		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 NO. NONE
17. INFORMANT ALLEN T. FRANCIS		Address 1312 WEST 57TH STREET, KANSAS CITY, MISSOURI	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolus & heart failure			INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) auricular fibrillation			years
DUE TO (c) arteriosclerotic cardiovascular disease			"
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4331			19. WAS AUTOPSY PERFORMED? 7 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 Month, Day, Year a.m. 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 June 1958 to Aug 17, 1958 and last saw her alive on Aug 17, 1958 Death occurred at 2:30 P. m on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Deceased or title) Corrent F. Welbel, M.D.		22b. ADDRESS Professional Bldg. K.C., Mo	22c. DATE SIGNED 8/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG-19-1958	23c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD CEMETERY	23d. LOCATION (City, town, or county) (State) CLINTON MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS - KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 8-18-58	26. REGISTRAR'S SIGNATURE neva minshall



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 *Albert L. Savage*

Licensed Embalmer No. *4812*

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.