

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029307
STATE FILE NUMBER
3798

FILED AUG 20 1958 Registration District No. 149 Primary Registration District No. 1205 Registrar's No.

300
1-57

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"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in lb 11 yrs.	d. STREET ADDRESS (If outside, give location) 511 1/2 Main Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Louis Middle Last Wendlandt			4. DATE OF DEATH Month 8 Day 2 Year 1958		
--	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-28-1881	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	--------------------------------------	--	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dishwasher	10b. KIND OF BUSINESS OR INDUSTRY Restaurants	11. BIRTHPLACE (City and state or country) Herrington Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	---

13a. FATHER'S NAME Henry Wendlandt	13b. MOTHER'S MAIDEN NAME Albertina "unknown"	14. NAME OF HUSBAND OR WIFE none
--	---	--

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. 515 01-2203	17. INFORMANT Jackson County Welfare office: J.C. Mc.
---	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute respiratory failure		INTERVAL BETWEEN ONSET AND DEATH 0-3.59
DUE TO (b) Undetermined cause		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <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 July 30, 1958 to Aug. 2, 1958 and last saw him alive on Aug. 2, 1958 Death occurred at 8:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) D	22b. ADDRESS 24th & Cherry	22c. DATE SIGNED 8-4-58
--	--	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 8-7-1958	23c. NAME OF CEMETERY OR CREMATORY Western Dental College	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
---	------------------------------	---	---

24. FUNERAL DIRECTOR Kilber Funeral Home; J.C., Mo.	25. DATE RECD. BY LOCAL REG. 8-7-58	26. REGISTRAR'S SIGNATURE Ivea Marshall
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

B. I. Burns

27

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 *B. E. W. Weyler*

Licensed Embalmer No. *4075*

P. O. Address *R. C. 8, 1*

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.