

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033106  
STATE FILE NUMBER

FILED OCT 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4419

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Kansas City</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Kansas City</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>Krestwood Hospital</b>  |                                  | Length of stay in lb<br><b>74 yrs -</b>   | d. STREET ADDRESS (If outside, give location)<br><b>5331 Highland</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>JOSEPH</b> Middle <b>WURZER</b> Last <b>WURZER</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>Sept.</b> Day <b>15,</b> Year <b>1958</b>   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Dec. 7, 1883</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Bartender</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Wurzer Tavern</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Kansas City, Mo.</b>  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>  |                                  | 13. FATHER'S NAME<br><b>John Wurzer</b>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Theresa Ehrenreich</b>   |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>486-07-0149</b>   | 17. INFORMANT<br><b>Mr. Charles F. Wurzer, 5808 Wabash</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Lobar pneumonia</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Bilateral pulmonary emphysema</b><br>DUE TO (c) <b>arterio-sclerotic heart disease</b> |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 days</b><br><b>1 year</b><br><b>5 yrs</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>arterio-abdominal atherosclerosis</b>  |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ Month, Day, Year _____<br>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 <b>Feb 58</b> to <b>Apr 15-58</b> and last saw him alive on <b>Apr 15-58</b><br>Death occurred at <b>11:30 pm</b> on the date stated above; and to the best of my knowledge from the causes stated.   |                                  |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Daniel F. Hogan M.D.</b>  |                                  | 22b. ADDRESS<br><b>801 1/2 W 39th St</b>  | 22c. DATE SIGNED<br><b>9-17-58</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>9-18-58</b>      | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. Mary's Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>Mellody-McGilley-Eylar Funeral Home</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>9-17-58</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Neva Minshall</b>  |

1800 E. Linwood

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Daniel F. Hogan

All diseases in Part I must be causally related.

300 0  
1-57



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 *Melvin Barton* .....

Licensed Embalmer No. *4903* .....

P. O. Address *KCMO* .....

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.