

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040277  
STATE FILE NUMBER  
5408  
Registrar's No.

FILED DEC 8 1958 Registration District No. 149 Primary Registration District No. 1005

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's		Length of stay in lb 43 yrs	d. STREET ADDRESS (If outside, give location) 1114 East 42d St
3. NAME OF DECEASED (Type or print) First ALFRED Middle J. Last WETTERMAN			4. DATE OF DEATH Month 11 Day 12 Year 58
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-10-1893
9. AGE (In years less birthday) 65		10. KIND OF BUSINESS OR INDUSTRY Laundry Rt	11. BIRTHPLACE (City and state or country) Des Plaines, Ill.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employee		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Wetterman		13b. MOTHER'S MAIDEN NAME Sophia Meinshausen	14. NAME OF HUSBAND OR WIFE Elsa C. Wetterman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war/period of service) Yes W.W.#1 Army		16. SOCIAL SECURITY NO. 486-03-9318	17. INFORMANT Address Mrs. Elsa C. Wetterman, 1114 E. 42d St
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. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Left deep vein thrombophlebitis. DUE TO (c) Pulmonary embolism. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) 4/64 st			INTERVAL BETWEEN ONSET AND DEATH 1 day 6 months 30 years
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 1953 to 11-12-58 and last saw him alive on 11-12-58. Death occurred at 7:05 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H.W. Robinson M.D. (Degree or title)		22b. ADDRESS 4635 W. yundott	22c. DATE SIGNED 11-14-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-15-58	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR ADDRESS Wagner Funeral Home K 6 Mo		25. DATE RECD. BY LOCAL REG. 11-14-58	26. REGISTRAR'S SIGNATURE neva meinshausen

All diseases in Part I must be causally related.

A. W. Robinson  
MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

2:00 P.M.

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 *Alvin R. Haunschild*

Licensed Embalmer No. *4159*  
P. O. Address *H. E. Mo*

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.