

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044369
STATE FILE NUMBER

Health,
Welfare
Public
Service

300
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Warren F. Wilhelm

FILED JAN 9 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6056

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) Inside Limits OR TOWN KANSAS CITY 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) Length of stay in lb HOSPITAL OR D.O.A. ST. JOSEPHS HOSP. 34 YEARS		d. STREET ADDRESS (If outside, give location) Reside on Farm ADDRESS 4316 BLUE RIDGE Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JACK Middle JENNINGS Last ROGERS		4. DATE OF DEATH Month 12 Day 20 Year 1958	
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 MAY 29-1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST		10b. KIND OF BUSINESS OR INDUSTRY PROFESSION	9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) WINSLOW ARIZONA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME DURAND D. ROGERS		14. MOTHER'S MAIDEN NAME ANN MUNGER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.II		16. SOCIAL SECURITY NO. 489-44-1565	17. INFORMANT Address MRS. MARGUERITE ROGERS - 4316 BLUE RIDGE
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction, arrhythmia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary occlusion DUE TO (c) atherosclerosis; hypertensim PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4:01			INTERVAL BETWEEN ONSET AND DEATH 1 hr
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 checked="" 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 1955 to 1958-12-20 and last saw her alive on 3000 1958 Death occurred at 6:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Warren F. Wilhelm, M.D.		22b. ADDRESS 710 Prof. Bldg., KC 6 Mo	22c. DATE SIGNED 12/20/58
23a. BURIAL-CREATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 24, 1958	23c. NAME OF CEMETERY OR CREMATORY FLORAL Hills Com	23d. LOCATION (City, town, or county) (State) KANSAS CITY, KANSAS MO
24. FUNERAL DIRECTOR 1331 BRUSH ADDRESS CREEK BLVD. D.W. NEWCOMB, SONS-KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 12-22-58	26. REGISTRAR'S SIGNATURE Neva Marshall



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 Vern Lawler.....

Licensed Embalmer No. 49

P. O. Address K.C. Mo

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