

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008729

STATE FILE NUMBER

FILED APR 8 1959

Registration District No. 393

Primary Registration District No. 1002

Registrar's No. 1505

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Clay</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City North</i>		c. CITY OR TOWN <i>Kansas City North</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1203 Leora Drive</i>		d. STREET ADDRESS (If outside, give location) <i>1203 Leora Drive</i>	
3. NAME OF DECEASED (Type or print) First <i>Raleigh Eugene</i> Middle <i>Wagen</i> Last <i>Wagen</i>		4. DATE OF DEATH Month <i>3</i> Day <i>22</i> Year <i>59</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4-10-1917</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>steel worker</i>		11. BIRTHPLACE (City and state or country) <i>Harrison co. mo.</i>	
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <i>Adeltha Wagen</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no.</i>		17. INFORMANT <i>Adeltha Wagen</i> Address <i>1203 Leora</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound Rt. Center forehead.</i> <i>22 Cal Long rifle</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>E 776X</i> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Gunshot wound</i>	
20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. _____ p.m. <i>3-22-59</i>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>Kansas City, Clay, Mo.</i>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>D. W. DeWcomere</i>		22b. ADDRESS <i>North Kansas City, Mo.</i>	
22c. DATE SIGNED <i>3/27/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>3/29/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill</i>	23d. LOCATION (City, town, or county) (State) <i>Bethany Mo.</i>
24. FUNERAL DIRECTOR <i>D. W. DeWcomere Sons, Inc.</i>		25. DATE RECD. BY LOCAL REG. <i>3-23-59</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

O. S. Pate

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 *John H. Kalischeck*

Licensed Embalmer No. *4949*
P. O. Address *No. Kansas Ci*

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.