RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-032640
STATE FILE NUMBER

FILED VS SEP 23 1959 149 Registration District No. 1002 Registrar's No. 4263

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Missouri — Length of stay in 1b: 57 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 5600 Olive — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Jake; Middle JACOB J.; Last Waspi
4. DATE OF DEATH: Month 8; Day 30; Year 59
5. SEX: Male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-18-84
9. AGE (last birthday): 74 ~~75~~ Yrs.
IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER
10b. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED
11. BIRTHPLACE (City and state or country): DEWITT IOWA
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: JACOB WASPI
13b. MOTHER'S MAIDEN NAME: ELIZABETH SPAANAN
14. NAME OF HUSBAND OR WIFE: EFFIE WASPI
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495 09 2296
17. INFORMANT: EFFIE WASPI — Address: 5600 OLIVE ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) generalized arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Severe bronchopneumonia bilateral upper lobes
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m.; Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8-24-59, to 8-30-59 and last saw ~~he~~ him alive on 8-30-59
Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harry C. Hall (Degree or title) MD
22b. ADDRESS 751 E 63rd St
22c. DATE SIGNED 8/31/59

BY AFFIDAVIT OF Harry C. Hall

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 9 1 59
23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEM
23d. LOCATION (City, town, or county) (State) INDEPENDENCE MO.
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO. — ADDRESS
25. DATE RECD. BY LOCAL REG. 9-1-59
26. REGISTRAR'S SIGNATURE Neva Minchall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Chester K Brown

Signature of Student Embalmer

Licensed Embalmer No. 493

P. O. Address KCM

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