URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1959

59-040455

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5613

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 50yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3207 Cleveland — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3303 E. 59th — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: LOUIS Middle: CONRAD Last: WENSLER

4. DATE OF DEATH: Month: Nov. Day: 20 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-12-1879
9. AGE (last birthday): 80
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Leavenworth, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Conrad Wensler
13b. MOTHER'S MAIDEN NAME: Anna Merriah
14. NAME OF HUSBAND OR WIFE: Lillie Jane Wensler

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.: 496-10-6651
17. INFORMANT: Address: Mrs. John T. Hogue - 3303 E. 59th

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Hemorrhage	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	10 yrs
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 1-1-59, to 11-20-59 and last saw her/him alive on 11-20-59

Death occurred at 5:00am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank Paul Laurenzana (Degree or title) MD
22b. ADDRESS: 428 So. White - Kansas City, Mo
22c. DATE SIGNED: 11-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-22-59
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill
23d. LOCATION (City, town, or county) (State): Pleasant Hill, Mo.

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar ADDRESS: 1800 Linwood
25. DATE RECD. BY LOCAL REG.: 11-20-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Frank Paul Laurenzana MEDICAL CERTIFICATION

DOCUMENT

ENDED

A. Frank [illegible]
428 S. [illegible]

1F-3.00 - [illegible]

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Melvin Bart[illegible]
Signature of Student Embalmer

Licensed Embalmer No. 4903

P. O. Address KCM

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