

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 5 1960

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STATE FILE NUMBER

Registration District No. 46 Primary Registration District No. 4237 Registrar's No. 6

RENDERED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Raytown</u>		Length of stay in 1b <u>35 Yrs</u>	c. CITY OR TOWN <u>Raytown</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>5417 Laurel</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5417 Laurel</u>		
3. NAME OF DECEASED (Type or print) First <u>Oryal</u> Middle <u>Kenneth</u> Last <u>Wendel</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>24</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 21, 1924</u>	9. AGE (last birthday) <u>35</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Raytown Street Dept.</u>	11. BIRTHPLACE (City and state or country) <u>Raytown, Mo.</u>	12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u>		
13. FATHER'S NAME <u>Dewey J. Wendel</u>		13b. MOTHER'S MAIDEN NAME <u>Stella Mae Carpenter</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Joan Wendel</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, to be unknown) (If in any war or dept of service) <u>Yes</u> <u>1942-1946</u>		16. SOCIAL SECURITY NO. <u>486-26-8872</u>	17. INFORMANT <u>Eugene Wendel, Raytown Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Failure</u> DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. _____		Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 _____ to _____ and last saw her/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) <u>Hugh H. Owens Coroner</u>			22b. ADDRESS <u>103 4 North Blvd</u>		22c. DATE SIGNED <u>12-25-59</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 26, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Aloral Hills Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Raytown, Missouri</u>			
24. FUNERAL DIRECTOR <u>Clark Hegert</u>		ADDRESS <u>Raytown Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-26-59</u>	26. REGISTRAR'S SIGNATURE <u>James H. Leitz</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 14 1967

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 Charles Hegert

Licensed Embalmer No. 3983

P. O. Address Raytown, 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.