URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 16 1960

-60-015726

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2449

NDED

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 7 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Menorah Medical Center — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First David Middle William Last Wolf

4. DATE OF DEATH Month 5 Day 2 Year 60

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-1-1939
9. AGE (last birthday) 21 — 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) Employee, Chev. Plant,
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Lloyd Carson Wolf
13b. MOTHER'S MAIDEN NAME Wilma Bunnell
14. NAME OF HUSBAND OR WIFE Gloria L. Wolf

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. –
17. INFORMANT Miss Mildred Bunnell, NKC. Address 310 E 27

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Monomyelocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH few weeks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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 3-30-60, to 5/2/60 and last saw her/him alive on 5/2/60.
Death occurred at 8.00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gustave Eisemann MD
22b. ADDRESS 751 E 63rd Street, K.C. Mo
22c. DATE SIGNED 5/2/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 5-3-60
23c. NAME OF CEMETERY OR CREMATORY –
23d. LOCATION (City, town, or county) (State) Maysville, Mo.

24. FUNERAL DIRECTOR ADDRESS D.W. Newcomers Sons NKC
25. DATE RECD. BY LOCAL REG. 5-3-60
26. REGISTRAR'S SIGNATURE Nevar Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Gustave Eisemann

wa 4-9021.

2-3311

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_____
Signature of Student Embalmer

Signed John V. Henrick Ch

Licensed Embalmer No. 4848

P. O. Address K-617 W

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