MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 12 1960

-60-042331

5830

STATE FILE NUMBER

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

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: 53 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Hospital
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) 1302 E. 62nd Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: SOL Middle: Last: WEDLANSKY
4. DATE OF DEATH Month Day Year: 11 - 18 - 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/27/1879
9. AGE (last birthday): 81 yrs.
IF UNDER 1 YEAR / IF UNDER 24 HR: Months | Days | Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Printer
10b. KIND OF BUSINESS OR INDUSTRY: Printing
11. BIRTHPLACE (City and state or country): Russia
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Rueben Wedlansky
13b. MOTHER'S MAIDEN NAME: Hanna Gilgus
14. NAME OF HUSBAND OR WIFE: Sarah Wedlansky
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 Address: S. Wedlansky, 1302 E 62, KC, Mo.

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 Myocardial Decompensation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Viral Infection.
DUE TO (c) Multiple Myeloma.
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. ☐ 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 11-25-59, to 11-18-60 and last saw her/him alive on 11-18-60
Death occurred at 9:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack C. Vincent (Degree or title) MD.
22b. ADDRESS 701 E 63 KC Mo.
22c. DATE SIGNED 11-19-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-20-1960
23c. NAME OF CEMETERY OR CREMATORY: Sheffield
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: J.P. Louis Funeral Home, K.C., Mo.
25. DATE RECD. BY LOCAL REG.: 11-19-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Jack C. Vincent MEDICAL CERTIFICATION DOCUMENT

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 Gerry Buffington

Signature of Student Embalmer

Licensed Embalmer No. 275

P. O. Address K.C. M

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.