MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-61-001698
STATE FILE NUMBER

AMENDED FILED VS JAN 3 0 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 139

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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: 65 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital
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) 2619 E. 39th. St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MAGDALENA Middle Last WAGNER
4. DATE OF DEATH: Month January Day 7 Year 1961
5. SEX: Female
6. COLOR OR RACE: Cauc.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-31-1874
9. AGE (last birthday): 86
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Berg, Germany
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Alexander Koebel
13b. MOTHER'S MAIDEN NAME: Katherine Kowder
14. NAME OF HUSBAND OR WIFE: Phillip Wagner
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.: none
17. INFORMANT: Address: Mrs. Paul Stablein--1191 E. 65th. St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BRONCHITIS - PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 1 DAY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO~~ (b) C.V. HEMORRHAGE — 6 DAYS
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

MEDICAL CERTIFICATION

21. I attended the deceased from 1-12-60 to 1-7-61 and last saw her/him alive on 1-7-61
Death occurred at 9 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE P. J. Quistgard (Degree or title) M.D.
22b. ADDRESS 6766 Prospect Kansas City
22c. DATE SIGNED 1-9-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-10-61
23c. NAME OF CEMETERY OR CREMATORY: Mt. St. Mary's Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri
24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar--1800 E. Linwood ADDRESS
25. DATE RECD. BY LOCAL REG.: 1-10-61
26. REGISTRAR'S SIGNATURE: Ruth D. Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. Quist
6741 Prosp
JA 3-4792

Mon - 1-4 p.m

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 Gerald A. Burger

Licensed Embalmer No. 4763

P. O. Address K. C. 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.