

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028482

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 890

AMENDED

FILED SEP 11 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>BUCHANAN</b>		a. STATE <b>KANSAS</b> b. COUNTY <b>DONIPHAN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. JOSEPH</b>		Length of stay in 1b <b>30 MINUTES</b>	c. CITY OR TOWN <b>WATHENA</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MO. METHODIST HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R. F. O. # 2</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First <b>JOHNNY</b> Middle <b>MIKE</b> Last <b>VONKAENEL</b>			Month <b>SEPTEMBER</b> Day <b>2</b> Year <b>1961</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG. 31, 1961</b>
9. AGE (last birthday)		IF UNDER 1 YEAR	IF UNDER 24 HR
		Months <b>2</b> Days	Hours <b>2</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)
			<b>WATHENA, KANSAS</b>
12. CITIZEN OF WHAT COUNTRY		<b>USA</b>	
13a. FATHER'S NAME <b>JOHN VONKAENEL</b>		13b. MOTHER'S MAIDEN NAME <b>MILDRED TERRY</b>	14. NAME OF HUSBAND OR WIFE <b>---</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>JOHN VONKAENEL-WATHENA, KANSAS</b>
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) _____			<b>2 days</b>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <b>Aug 31-61</b> to <b>Sept 2-61</b> and last saw her/him alive on <b>Sept 2-1961</b> Death occurred at <b>4:30 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John G. Swails MD</b> (agree or file)		22b. ADDRESS <b>Wathena, Kansas</b>	22c. DATE SIGNED <b>9-2-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>SEPT. 2, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BELLEMONT CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>WATHENA, KANSAS</b>
24. FUNERAL DIRECTOR ADDRESS <b>HARMAN FUNERAL HOME-WATHENA, KANSAS</b>		25. DATE RECD. BY LOCAL REG. <b>September 5, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Clark Goodell</b>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF J.G. Swails, M.D. MEDICAL CERTIFICATION

**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 M. Harmon

Licensed Embalmer No. 4487

P. O. Address WATHENA, KANSAS

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.