

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002092

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 452 STATE FILE NUMBER

AMENDED

1. DATE OF DEATH FEB 13 1962

1a. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 15 yrs

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lowe Ellen Nursing Home 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 Broadway Hotel 12 & Brdwy (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year

Louis C. WAGNER. 1-23-62

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-1-85 9. AGE (last birthday) 77

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) retired cook 10b. KIND OF BUSINESS OR INDUSTRY cooking 11. BIRTHPLACE (City and state or country) Clay City Indiana 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Wagner 13b. MOTHER'S MAIDEN NAME Nancy Bales 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Myrtle Warner Address 1853 N. 27. Kansas City Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CORONARY OCCLUSION 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) Chronic Myocarditis 5 years

DUE TO (c) Arteriosclerosis 10 years

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 2-2-61 to 1-23-62 and last saw her on 1-23-62 Death occurred at 405 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Paul Laureanza (Degree or title) 22b. ADDRESS 428 South White Ave 22c. DATE SIGNED 1-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 1-25-62 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope 23d. LOCATION (City, town, or county) (State) Kansas City Kans.

24. FUNERAL DIRECTOR Warnick-Eads. ADDRESS Kansas City Kans. 25. DATE RECD. BY LOCAL REG. 1-25-62 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED
INSTEAD OF
DOCUMENT
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

Frank Paul Laureanza, M.D.

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 John W. Haldensperger
Licensed Embalmer No. 5058

P. O. Address Kansas City, Kan

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.