

# MISSOURI DIVISION OF HEALTH AND WELFARE

-62-023070

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3283

**FILED JUL 16 1962**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF W. J. Stelmach

USE BLACK INK OR TYPEWRITER RIBBON

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>KANSAS</u> b. COUNTY <u>WYANDOTTE</u>                           |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>  |  | c. CITY OR TOWN <u>KANSAS CITY</u>   |  |
| Length of stay in 1b <u>1 DAY</u>   |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Baptist Memorial Hosp.</u>   |  | d. STREET ADDRESS (If outside, give location) <u>3105 West 44th Terr</u>   |  |
| 3. NAME OF DECEASED (Type or print) <u>Bertha Louise Mugel</u>  |  | 4. DATE OF DEATH <u>June 20-1962</u>   |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>  |  |
| 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>  |  | 8. DATE OF BIRTH <u>April 19-1888</u>  |  |
| 9. AGE (last birthday) <u>74</u>  |  | IF UNDER 1 YEAR Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>  |  |
| 11. BIRTHPLACE (City and state or country) <u>Strasburg-Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>HENRY STOCK</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>FANNY (Stock) MILLER</u>  |  |
| 14. NAME OF HUSBAND OR WIFE <u>George F. Mugel</u>  |  | Address <u>3105 W. 44th Terr K.C. Mo</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <u>NO</u>   |  | 16. SOCIAL SECURITY NO. <u>NONE</u>  |  |
| 17. INFORMANT <u>George F. Mugel</u>  |  | Address <u>3105 W. 44th Terr K.C. Mo</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Rupture Aortic Aneurysm</u><br>DUE TO (b) <u>Arteriosclerosis, generalised unknown</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  | INTERVAL BETWEEN ONSET AND DEATH <u>Approx 3am</u>   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 s.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 <u>6-19-62</u> to <u>6-20-62</u> and last saw her/him alive on <u>6-20-62</u><br>Death occurred at <u>9:15 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |  | 22a. SIGNATURE (Degree or title) <u>W. J. Stelmach M.D.</u>  |  |
| 22b. ADDRESS <u>7951 State Line</u>   |  | 22c. DATE SIGNED <u>6/20/62</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>   |  | 23b. DATE <u>June 23-1962</u>  |  |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Strasburg Cem</u>   |  | 23d. LOCATION (City, town, or county) <u>Strasburg Missouri</u>  |  |
| 24. FUNERAL DIRECTOR <u>Dates, 1901 Olath Blvd, Kansas City, Mo</u>   |  | 25. DATE RECD. BY LOCAL REG. <u>6-20-62</u>  |  |
| 26. REGISTRAR'S SIGNATURE <u>Ruth H Long</u>  |  |  |  |

Ms. Stehnick 7957 State line

**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 Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park Kc

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.