

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035060

4777 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4777

VS 300
Rev. 4/59

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DATE AMENDED 10/22/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

10a, b U.S. Military Service, Navy & Army - Stockman, Retail Store

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Informant

FILED SEP 28 1962	
1. PLACE OF DEATH	
a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	a. STATE Missouri b. COUNTY Jackson
Length of stay in 1b 10 yrs.	c. CITY OR TOWN Kansas City
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1106 E. 33rd St.	d. STREET ADDRESS (If outside, give location) 1106 E. 33rd St.
3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First Walter Middle Lee Last Wise	Month September Day 14 Year 1962
5. SEX Male	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-16-1915
9. AGE (last birthday) 46	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock man U.S. Military Service	10b. KIND OF BUSINESS OR INDUSTRY Retail Store Navy and Clinton, Mo.
11. BIRTHPLACE (City and state or country) USA	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Rolla D. Wise	13b. MOTHER'S MAIDEN NAME Ida Stella Thomas
14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes WWII	16. SOCIAL SECURITY NO. [REDACTED]
17. INFORMANT Forest D. Wise, 5631 Indiana, K.C. Mo.	Address
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Coronary Occlusion	
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) Treated at VA hosp for heart	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20. 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Hugh H. Owens	22b. ADDRESS 152 Union Station
22c. DATE SIGNED 9-17-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-19-1962
23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kans
24. FUNERAL DIRECTOR Melody-McGilley-Eylar,	25. DATE RECD. BY LOCAL REG. 9-17-62
ADDRESS 20 W. Linwood K.C. Mo.	26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

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 Wm H. Lentz

Licensed Embalmer No. 5038

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.

1. This certificate expires on the 11th day of the month of _____, 19____.