

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37641

State File No. 4950

FILED DEC 1 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 37 years		d. STREET ADDRESS (If rural, give location) 5312 Rockhill Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5312 Rockhill Road			

3. NAME OF DECEASED (Type or Print) a. (First) LEONARD	b. (Middle) F	c. (Last) WAKEFIELD	4. DATE OF DEATH (Month) (Day) (Year) Nov 16 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 6 1887	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired--Assistant Manager Pittsburgh	10b. KIND OF BUSINESS OR INDUSTRY Plate Glass Industry	11. BIRTHPLACE (State or foreign country) Bar Harbor, Maine	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Harrison E Wakefield	13b. MOTHER'S MAIDEN NAME May Evelett	14. NAME OF HUSBAND OR WIFE Margaret Wakefield
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 190-09-3036	17. INFORMANT'S SIGNATURE-OR NAME Mrs Margaret Wakefield	ADDRESS 5312 Rockhill Road
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc.; it means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1000
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension, & chr. Pyelonephritis (Cerebral Hemorrhage)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 1950**, to **present**, 19**51**, that I last saw the deceased alive on **Nov 1951**, 19**51**, and that death occurred at **3 PM** m., from the causes and on the date stated above.

23a. SIGNATURE T. E. Mc Millan (Degree or title) MD	23b. ADDRESS 1019 Poplar Bluff, Kansas City, Mo.	23c. DATE SIGNED 11/17/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 19/51	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 11-19-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Quirk, Robin Co	ADDRESS 20 W Linwood
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 8 1954

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, ~~on~~ by

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Farrest D. Colson

Licensed Embalmer No. 4714

P. O. Address Kansas City 7

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 this body is not embalmed, fact should be so stated above.