

FILED FEB 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1676

359

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF UNKNOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION 802 Main (on the Sidewalk)				d. STREET ADDRESS (If rural, give location) 817 Main			
3. NAME OF DECEASED (Type or Print)		a. (First) Ulric		b. (Middle) V.		c. (Last) Waysman	
4. DATE OF DEATH		1-17-53		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		Divorced		8. DATE OF BIRTH Oct. 4, 1888		9. AGE (In years, last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Contracting		11. BIRTHPLACE (City and State or Foreign Country) Tecumseh, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME John Waysman		13b. MOTHER'S MAIDEN NAME Rose Strickler		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. W.W. One		17. INFORMANT'S SIGNATURE OR NAME Mrs. Harry States, Topeka, Kans.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION Cause of death unknown				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b)				DUE TO (c)	
*This does not mean the mode of dying, such as heart failure, ashenja, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				745-5	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no find permit				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		21b. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh H. Owens (Degree or title)				23b. ADDRESS 1034 Pinalto Blvd		23c. DATE SIGNED 1-19-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-20-53		24c. NAME OF CEMETERY OR CREMATORY Topeka Cemetery		24d. LOCATION (City, town, or county) (State) Topeka Kansas	
DATE REC'D BY LOCAL REG. 1-20-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE H. T. Gorman & Son		ADDRESS 16 E. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed W. L. Ray Mooney

Licensed Embalmer No. 4776

P. O. Address K. O. Mooney

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.