

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6381

692

FILED FEB 18 1953

BIRTH NO. 9270 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
c. LENGTH OF STAY (in this place) <u>18 hrs.</u>				d. STREET ADDRESS (If rural, give location) <u>3419 Wayne</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hosp.</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Marsha</u>		b. (Middle) <u>Jeanne</u>		c. (Last) <u>Wallace</u>	
4. DATE OF DEATH		Feb. 1, 1953					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>Jan. 31, 1953</u>	
9. AGE (In years last birthday)		10. MONTHS		11. DAYS		12. IF UNDER 1 YEAR	
18		1		40		18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>Robert C. Wallace Jr.</u>				13b. MOTHER'S MAIDEN NAME <u>Vera Jean Redenbaugh</u>			
14. NAME OF HUSBAND OR WIFE <u>None</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Robert C. Wallace Jr.</u>				ADDRESS <u>3419 Wayne</u>			
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelactasis + pulmonary congestion</u>							
ANTECEDENT CAUSES							
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ANOXIA</u>							
DUE TO (c) <u>None</u>							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>None</u>			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>1/5/53</u> , 1953, to <u>2/1/53</u> , 1953, that I last saw the deceased alive on <u>2/1/53</u> , and that death occurred at <u>4:00 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Bailey G. Andrus</u> (Degree or title)				23b. ADDRESS <u>315 Michael Road</u>			
23c. DATE SIGNED <u>2/1/53</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 3, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-2-53</u>		REGISTRAR'S SIGNATURE <u>Doraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earp & Sons</u> ADDRESS <u>4139 Truman Rd. K.C. Mo.</u>			

(Licensed Embalmers' 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

William H. Carpe

Licensed Embalmer No. *4728*

P. O. Address

H. C. 2270

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.