

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **31788**
4658
Registrar's No.

FILED **OCT 15 1953**
BIRTH NO. **60448** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY Jackson			a. STATE Missouri		b. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 26 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital			d. STREET ADDRESS (If rural, give location) 4211 Forest		
3. NAME OF DECEASED			4. DATE OF DEATH		5. SEX
a. (First) Joseph	b. (Middle) Michael	c. (Last) FOX	(Month) (Day) (Year) Sept. 27, 1953		Male
6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED never married	8. DATE OF BIRTH 9-1-53	9. AGE (In years last birthday) 31	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZENRY OF WHAT COUNTRY? USA		13a. FATHER'S NAME Francis H. Fox	
13b. MOTHER'S MAIDEN NAME Johanna Moriarity	14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? NO		
16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME F. H. Fox, 4211 Forest, K. C., Mo.				
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhagic Atelectasis			INTERVAL BETWEEN ONSET AND DEATH 24 hrs		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Vasomotor Collapse 24 hrs.		
			DUE TO (c) Adrenal Cortex hypofunction 24 hrs.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			(c) infantile Dehydration		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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) m.	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>Sept 17</u> 1953, to <u>Sept 27</u>, 1953, that I last saw the deceased alive on <u>Sept 27</u>, 1953, and that death occurred at <u>6:30 p.m.</u>, from the causes and on the date stated above.					
23a. SIGNATURE S. F. Pakula (Degree or title) MD M.O.O.			23b. ADDRESS 411 Nichols Rd		23c. DATE SIGNED Sept 28, 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-29-53	24c. NAME OF CEMETERY OR CREMATORY St. Mary's		24d. LOCATION (City, town, or county) Kansas City, Missouri (State)	
DATE REC'D BY LOCAL REG. 9-28-53	REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar, Kansas City, Mo.		

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10-48

Dr. Pakula
1-5

in preparation

See page

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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 Allen E. Dech

Licensed Embalmer No. 4063

P. O. Address 4 C. No

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.