

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36150**
4979

71084
FILED NOV 2-1953

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

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY CARROLL 0170	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) ROUAL-WASHINGTON TWP.	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) 8 MILE SE BRAYMER, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL			

3. NAME OF DECEASED a. (First) DALE		b. (Middle) HOWARD		c. (Last) WIGHTMAN		4. DATE OF DEATH (Month) 10 (Day) 15 (Year) 1953	
5. SEX D	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 10/10/1953		9. AGE (In years last birthday) 0 Months 0 Days 6 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY INFANT		11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME HOWARD WIGHTMAN		13b. MOTHER'S MAIDEN NAME MYRA BELLE DAVIS		14. NAME OF HUSBAND OR WIFE INFANT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME HOWARD WIGHTMAN-BRAYMER, MO. ADDRESS _____	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Croup</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 774X	
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"/>	
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)		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 10-10, 1953, to 10-15, 1953, that I last saw the deceased alive on 10-15, 1953 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE H. Kermit Knoch MD (Degree or title) MD		23b. ADDRESS 1003 Grand Ave K.C. Mo.		23c. DATE SIGNED 10-15-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 10/16/1953		24c. NAME OF CEMETERY OR CREMATORY PLYMOUTH CEMETERY		24d. LOCATION (City, town, or county) (State) CARROLL CO., MO.	
DATE REC'D BY LOCAL REG. 10-16-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. GENERAL DIRECTOR'S SIGNATURE Geneb. Michael - Braymer, Sec. ADDRESS _____			

1931

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 Leimb. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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 this body is not embalmed, fact should be so stated above.