

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34085**
Registrar's No. **4830**

BIRTH NO. **8704** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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 OR TOWN Kansas city mo	c. LENGTH OF STAY (in this place) 14 mo.	c. CITY OR TOWN Kansas city mo	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2500 E 85th Street		e. STREET ADDRESS (If rural, give location) 2500 East 85th Street	

3. NAME OF DECEASED (Type or Print) a. (First) Kenneth b. (Middle) Ray c. (Last) Philpatt	4. DATE OF DEATH (Month) (Day) (Year) 10-17-1954
5. SEX D 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8-19-1953 9. AGE (In years last birthday) 1 If UNDER 1 YEAR Months Days If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY Baby	11. BIRTHPLACE (City and State or Foreign Country) Kansas city mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	--

13a. FATHER'S NAME Walter Raymond Philpatt	13b. MOTHER'S MAIDEN NAME Violet Everne Adams	14. NAME OF HUSBAND OR WIFE none
---	--	---

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 Walter Raymond Philpatt ADDRESS 2500 E 85th St
--	-------------------------------------	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Encephalocoele.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Meningitis DUE TO (c) Severe Congenital Malformation		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		751X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **8-17, 1954**, to **10-17, 1954**, that I last saw the deceased alive on **10-16, 1954**, and that death occurred at **8:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Friedman Weinberg (Degree or title)	23b. ADDRESS 7504 Prospect	23c. DATE SIGNED 10/18/54
24a. BURIAL CREMATION (REMOVAL) Burial	24b. DATE 10-19-54	24c. NAME OF CEMETERY OR CREMATORY Balltown Cemetery
24d. LOCATION (City, town, or county) (State) Harton Missouri	25. FUNERAL DIRECTOR'S SIGNATURE France-Warnall Funeral Home ADDRESS RE MO	

DATE REC'D BY LOCAL REG. 10-18-54	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE France-Warnall Funeral Home ADDRESS RE MO
--	--	--

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

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.....
Signature of Student Embalmer

Signed *Russell N. Fra*.....

Licensed Embalmer No. *42*.....

P. O. Address *K.C.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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