

STANDARD CERTIFICATE OF DEATH

8942

STATE FILE NUMBER 1374

FILED APR 10 1957

1174 7409-57 Registration District No. 149 Primary Registration District No. 1002 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 Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Missouri		c. CITY OR TOWN Belton 01900	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center		d. STREET ADDRESS 1007 Highway, 71	
3. NAME OF DECEASED (Type or print) First Middle Last Baby Boy Dwain R. WAGNER		4. DATE OF DEATH Month Day Year 3-20-57	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/30/57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		11. BIRTHPLACE (City and state or country) Kansas City Mo	
13. FATHER'S NAME OSBER LEE WAGNER		14. MOTHER'S MAIDEN NAME. PEGGY HACKLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address O.L. Wagner Belton Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature Birth Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gastro Intestinal Neuvulosis - cause unknown (n.m.o.) DUE TO (c) 578X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 49 Days 1 Day
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour, Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan. 30 1957, to March 20 1957 and last saw her/him alive on 3/20/57			
22. SIGNATURE (Degree or title) Sidney F. Pakula M.D. ADDRESS 411 Thomas Rd DATE SIGNED 3/20/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. NAME OF CEMETERY OR CREMATORY	
23c. DATE 3-22-57		23d. LOCATION (City, town, or county) (State) Harpers Ferry W. Va.	
24. FUNERAL DIRECTOR E.H. George & Sons Inc Belton Mo		25. DATE RECD. BY LOCAL REG. 3-23-57	
26. REGISTRAR'S SIGNATURE		26. REGISTRAR'S SIGNATURE Preva Marshall	

hh, alfare, lic, rvic, 00, 56, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related. Coroner must use only standard nomenclature in Part I. Director, coroner, etc. must use only standard nomenclature in Part I. Sidney F. Pakula M.D.

1174.
1001-1000

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 *Darling E. S. S. S. S.*

Licensed Embalmer No. *44*

P. O. Address *Grandview*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

