

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009775
STATE FILE NUMBER

FILED APR 7 1959

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 147

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-57

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|---|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Orrick 1890 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. San. & Hosp. | | Length of stay in 1b 9 hours | d. STREET ADDRESS (If outside, give location) Rural Route Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First WENDELL Middle DEAN Last DAY | | | 4. DATE OF DEATH Month March Day 27 Year 1959 |
| 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 March 26, 1959 |
| 9. AGE (In years last birthday) | | FUNDER 1 YEAR Months 9 Days 0 Hours 0 Min. | IF UNDER 24 HRS. Hours 9 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 country) Independence, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Joseph M. Day | |
| 13b. MOTHER'S MAIDEN NAME Georgenna Gillespie | | 14. NAME OF HUSBAND OR WIFE Infant | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Joseph M. Day, Orrick, Missouri Address |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Prematurity</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7735 | | | INTERVAL BETWEEN ONSET AND DEATH <u>Hours 12</u> |
| 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 _____ a.m. _____ p.m. | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. CITY, TOWN, OR LOCATION 7735 | | 20f. COUNTY STATE | |
| 21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>James T. VanBuren</i> | | 22b. ADDRESS <i>317th Kansas Indep Mo</i> | 22c. DATE SIGNED <i>3-30-59</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Mar. 28, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery | 23d. LOCATION (City, town, or county) (State) Independence, Missouri |
| 24. FUNERAL DIRECTOR Ceo. C. Carson & Sons, Indep., Mo. | | 25. DATE RECD. BY LOCAL REG. 3-28-59 | 26. REGISTRAR'S SIGNATURE <i>James T. VanBuren</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Not Embalmed, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, IN

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.