

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 16 1959

149

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 4808

59-036472

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in lb <u>13 hr - 25 min</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3815 PARK.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>CLIFFORD ELI WALLACE</u>				4. DATE OF DEATH Month Day Year <u>October 3 1959</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>INDIAN</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10-5-59</u>		9. AGE (last birthday) —		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INF.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>INF.</u>		11. BIRTHPLACE (City and state or country) <u>KANSAS CITY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>					
13a. FATHER'S NAME <u>JOHNNY RAY WALLACE</u>				13b. MOTHER'S MAIDEN NAME <u>MARY ROSE OAKBALL</u>				14. NAME OF HUSBAND OR WIFE —					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. —		17. INFORMANT <u>Johnny Ray Wallace</u>				Address <u>3815 Park M. Kansas City, Mo.</u>			
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>Mucous Plug in Bronchus &amp; Atelectasis</u> DUE TO (b) <u>Unknown</u> DUE TO (c) <u>Unknown</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		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. Month, Day, Year													
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 <u>Oct 3<sup>rd</sup> 1959</u> to <u>Oct 3, 1959</u> and last saw him <sup>her</sup> alive on <u>Oct 3, 1959</u> . Death occurred at <u>Research Hospital</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Harold A. Pallett, M.D.</u>						22b. ADDRESS <u>1132 Prof. Bldg. K.C. Mo.</u>				22c. DATE SIGNED <u>10/3/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>10-5-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>PUMPKIN HOLLOW GEN. TALE QUAN, OKLA.</u>		23d. LOCATION (City, town, or county) (State)							
24. FUNERAL DIRECTOR <u>MELLODY-MCGILLEY-EVBAR</u>				ADDRESS <u>1800 ELINWOOD</u>		25. DATE RECD. BY LOCAL REG. <u>10-5-59</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>					

DOCUMENT

BY AFFIDAVIT OF HAROLD A. PALLETT, MEDICAL CERTIFICATION

Harold A.  
Dr. Pallott  
Prof Bldg  
~~11-2-1486~~  
Playa office 4620  
VA

1-6 PM

**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 Melvin Brittan

Licensed Embalmer No. 4907

P. O. Address 12070

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.