

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006502

FILED VS MAR 7 1960

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Registration District No. 1002 Registrar's No. 1026

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <i>Prairie Village, Kansas Johnson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>	Length of stay in 1b <i>50 Days</i>	c. CITY OR TOWN <i>Prairie Village, Kansas</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Menorah Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>7500 Rainbow</i>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Mindy</i> Middle <i>Randell</i> Last			4. DATE OF DEATH Month <i>Feb</i> Day <i>19</i> Year <i>1960</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12-30-59</i>	9. AGE (last birthday) IF UNDER 1 YEAR Months <i>1</i> Days <i>20</i> Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <i>Kansas City, Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Ralph Randell</i>		13b. MOTHER'S MAIDEN NAME <i>Ila Paradise</i>		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) <i>NO</i>		16. SOCIAL SECURITY NO. -----		17. INFORMANT <i>Ralph Randell</i> Address <i>7500 Rainbow</i>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hemorrhage, Gastro Enteric (Shrapnel)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>16 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Gastro Enteritis since 1-25-59</i>	
	DUE TO (c) <i>Possible early cystic fibrosis of pancreas congenital</i>	
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 checked="" 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 <i></i> Month, Day, Year <i></i>	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 <i>Birth (12-30-59)</i> to <i>2/19/60</i> and last saw her <i>alive</i> on <i>2/19/60</i> Death occurred at <i>1:15 pm</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Sidney F. Pakula, M.D.</i>		22b. ADDRESS <i>751 E. 65th</i>	22c. DATE SIGNED <i>2/20/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>2/21/1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Rose Hill Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>
24. FUNERAL DIRECTOR <i>J.P. Louis Funeral Home, K.C., Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>2-20-60</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshell</i>

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
Sidney F. Pakula

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Greg Buffington

Licensed Embalmer No. _____

P. O. Address _____

2756
Kell

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