

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006659

FILED VS FEB 23 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 696 STATE FILE NUMBER

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) <u>Kansas City</u>		Length of stay in lb <u>4 MONTHS</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Memorah Medical Center</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>218 E. 34th</u>	
3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>Lee</u> Last <u>Wait</u>				4. DATE OF DEATH Month <u>February</u> Day <u>4</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-21-59</u>	9. AGE (last birthday) <u>11</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>		IF UNDER 24 HR Hours <u>11</u> Min. <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>KANSAS CITY MO.</u>		11. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>HERBERT R. WAIT</u>			13b. MOTHER'S MAIDEN NAME <u>MARJORIE McCARTY</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
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. <u>NONE</u>		17. INFORMANT <u>HERBERT R. WAIT 218 E. 34th ST.</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>Cerebral Edema</u>						INTERVAL BETWEEN ONSET AND DEATH <u>12-18 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Bronchielitis (Superimposed on)</u>						<u>48 hrs -</u>	
DUE TO (c) <u>Atelectasis Patchy.</u>						<u>Since Birth</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>(Atelectasis @ Birth persisted 5-6 days - (Patchy Atelectasis Persisted)</u>						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 checked="" 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 <u>1-30</u> a.m. <u>1-30</u> 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 <u>K.C. Mo</u>		COUNTY	STATE	
21. I attended the deceased from <u>Birth - 9-21-59</u> to <u>Feb 4, 1960</u> and last saw her alive on <u>Feb 4, 1960</u> . Death occurred at <u>1-30 am</u> <u>Feb 4 1960</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Sidney J. Pakula M.D.</u>				22b. ADDRESS <u>751 E. 63rd K.C. Mo</u>		22c. DATE SIGNED <u>Feb 4, 1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>FEB 6, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEM</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>		
24. FUNERAL DIRECTOR <u>D. W. NEWCOMER'S SONS K.C. MO.</u>		25. DATE RECD. BY LOCAL REG. <u>2-5-60</u>		26. REGISTRAR'S SIGNATURE <u>Nora Minshall</u>			

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 me or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ed Maloon

Licensed Embalmer No. *4402*

P. O. Address *Kansas*

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.