

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015355

FILED VS APR 26 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2036 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <i>Kansas City</i> Length of stay in lb <i>50 yrs</i>		c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>General Hosp.</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>1815 E. 7th St.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>John</i> Middle <i>M</i> Last <i>Dwaltney</i>			4. DATE OF DEATH Month <i>4</i> Day <i>8</i> Year <i>60</i>			
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</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>9-2-80</i>	9. AGE (last birthday) <i>79</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	IF UNDER 24 HR Hours <i>0</i> Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Restaurants</i>	11. BIRTHPLACE (City and state or country) <i>Charleston, Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Solomon D. Dwaltney</i>	13b. MOTHER'S MAIDEN NAME <i>Francis Vandill</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
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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. <i>492-14-9325A</i>	17. INFORMANT <i>Mr. Dean D. Kennedy, 6111 Harris</i>	Address <i>Raytown, Mo.</i>
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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>Pulmonary edema</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>Arteriosclerotic heart disease</i>		
DUE TO (c)		

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
*Perforated appendix*

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  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.)
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20c. TIME OF INJURY Hour <i>9:20</i> a.m. <i>0</i> p.m. <i>0</i>	Month, Day, Year <i>4-4-60</i>
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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 <i>Raytown, Mo.</i>	COUNTY <i>Raytown, Mo.</i>	STATE <i>Mo.</i>
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21. I attended the deceased from *4-4-60* to *4-8-60* and last saw her/him alive on *4-8-60*  
Death occurred at *9:20* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>L. Dwyer M.D.</i> (Degree or title)	22b. ADDRESS <i>2108 Cherry</i>	22c. DATE SIGNED <i>4-8-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>	23b. DATE <i>4-11-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Edmewood Crematory</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>
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FUNERAL DIRECTOR <i>Wilbert Funeral Homes (S) &amp; Co</i> ADDRESS <i>4-11-60</i>	25. DATE RECD. BY LOCAL REG. <i>4-11-60</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

L. Dwyer

**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 B E Weichert

Licensed Embalmer No. 4075

P. O. Address 208, Me

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.