

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1055 - 62-006754
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1022 Registrar's No. 1055

AMENDED

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b Life
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center Inside Limits Yes No
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Jackson
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1260 West 72nd Terrace Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Russell Shaw Weiner
4. DATE OF DEATH Month Day Year
2 20 62
5. SEX Male **6. COLOR OR RACE** White **7. Married** Never Married Widowed Divorced
8. DATE OF BIRTH 5/26/55 **9. AGE (last birthday)** 6 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant **10b. KIND OF BUSINESS OR INDUSTRY** ----- **11. BIRTHPLACE** (City and state or country) Kansas City, Mo. **12. CITIZEN OF WHAT COUNTRY** U.S.A.
13a. FATHER'S NAME Bernard Weiner **13b. MOTHER'S MAIDEN NAME** Geraldine Brozen **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) NO **16. SOCIAL SECURITY NO.** ----- **17. INFORMANT** Bernard Weiner, 1260 W. 72 Terr. Address K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Pulmonary Edema,
Cerebral Edema
 DUE TO (b) Probably due to Viremia -
 DUE TO (c) (Etiology to be determined from Autopsy Findings)
 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. Generalized Lymphoid Hyperplasia - (? Cause)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT **SUICIDE** **HOMICIDE**
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) No Injury.
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Birth - at Periodic Internals
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 11:30 AM to Feb 20 - 62 and last saw her/him alive on Feb 20 - 1962
 Death occurred at 11:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Sidney F. Pakula MD **22b. ADDRESS** 7512. 63rd St **22c. DATE SIGNED** Feb 20 62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 2/21/1962 **23c. NAME OF CEMETERY OR CREMATORY** Blue Ridge Cemetery **23d. LOCATION** (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS J.P. Louis Funeral Home, K.C., Mo. **25. DATE RECD. BY LOCAL REG.** 2-21-62 **26. REGISTRAR'S SIGNATURE** Ruth Long

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DATE AMENDED
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF
 DOCUMENT
 MEDICAL CERTIFICATION
 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 Grey Beffington.

Licensed Embalmer No. 2756

P. O. Address PCMO.

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.