

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35285

State File No. ....

NOV 8 1952

BIRTH NO. 69502 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4387

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><u>JACKSON</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><u>MISSOURI</u> b. COUNTY<br><u>JACKSON</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><u>KANSAS CITY</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><u>KANSAS CITY</u>   |  |
| c. LENGTH OF STAY (in this place)<br><u>1 DY.</u>  |  | d. STREET ADDRESS (If rural, give location)<br><u>10 KESSLER RD.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>ST. LUKES HOSPITAL</u>                               |  |  |  |

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|--|----------------------------------|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>WALTER</u> b. (Middle) <u>RICK</u> c. (Last) <u>WILT</u> |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>OCTOBER 7 1952</u> |  |  |
| 5. SEX<br><u>MALE</u>  | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>NEVER MARRIED</u> | 8. DATE OF BIRTH<br><u>6 OCT. 1952</u>                            | 9. AGE (In years last birthday)<br>If UNDER 1 YEAR: Months <u>1</u> Days <u>7</u>  | 10. IF UNDER 24 HRS. Hours <u>7</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>X X X</u>      |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>X X X</u>                              |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>KANSAS CITY, MISSOURI</u> |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |                                  |  |   |  |  |

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| 13a. FATHER'S NAME<br><u>W. NORMAN WILT</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>JAUNITA GRAY</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>X X X X</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>X X X</u> |  | 16. SOCIAL SECURITY NO.<br><u>X X</u>            |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>W.N. WILT 10 KESSLER RD. K.C. MO.</u> |  |

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|---|--|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Hyaline Membrane of Alveoli</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>7 hrs</u> |
|---|--|---|--|--|--|

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| 19a. DATE OF OPERATION                             |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)           |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                     |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?  |  |

22. I hereby certify that I attended the deceased from Oct. 6, 1952, to Oct. 7, 1952, that I last saw the deceased alive on Oct. 6, 1952, and that death occurred at 9A m., from the causes and on the date stated above.

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|--|--|---|--|-------------------------------------|--|
| 23a. SIGNATURE <u>Paul A. Gempel, MD</u> (Degree or title) |  | 23b. ADDRESS<br><u>315 Nichols Road</u> |  | 23c. DATE SIGNED<br><u>10-13-52</u> |  |
|--|--|---|--|-------------------------------------|--|

|  |  |                            |  |   |  |  |  |
|--|--|----------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u> |  | 24b. DATE<br><u>8 OCT.</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>FLORAL HILLS</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>KANSAS CITY, MO.</u> |  |
|--|--|----------------------------|--|---|--|--|--|

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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG.<br><u>10-8-52</u> |  | REGISTRAR'S SIGNATURE<br><u>Sheraldine Smith</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>FLORAL HILLS MEMORIAL CHAPELS K.C.</u> |  |
|--|--|--|--|---|--|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....

Student Embalmer

Signed

*Ployd C. McCord*

Licensed Embalmer No. 4853

P. O. Address K. C. Mo.

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 this body is not embalmed, fact should be so stated above.