

FILED MAY 25 1954

STANDARD CERTIFICATE OF DEATH

State File No. 16505

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5638 Registrar's No. _____

5403

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

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Sniabar Twms.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Springs 7800	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 Miles West of Odessa on		e. d. STREET ADDRESS (If rural, give location) 40 Hiway 1	

3. NAME OF DECEASED a. (First) Florence b. (Middle) Amie c. (Last) Wakeman			4. DATE OF DEATH (Month) (Day) (Year) May 16, 1954	
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5. SEX Fe	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 24, 1920	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Calgary Alberta, Canada	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Eugene Mالدردير	13b. MOTHER'S MAIDEN NAME Florence Guerra	14. NAME OF HUSBAND OR WIFE Charles Wakeman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Chas. Wakeman, Blue Springs, MO	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ① Fr skull ② Multiple fracture ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Motor car collision		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Exhaustion with tachycardia			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no surgery	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMEHIDE accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 40 Hiway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bates city Lafayette Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 16 - 1954 9:45 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Motor car collision
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22. I hereby certify that I attended the deceased after the death on May 16, 1954, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>McMartinus Coroner</u> 3	23b. ADDRESS <u>Odessa Mo</u>	23c. DATE SIGNED <u>5-16-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <u>May 18, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Springs, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/16/54</u>	REGISTRAR'S SIGNATURE <u>Emma Davidson</u> 453	25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb Funeral Home</u> <u>R B Webb</u>	ADDRESS <u>Blue Springs Mo.</u>
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JUL 20 1954

JUL 21 1954

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 R. B. Webb

Licensed Embalmer No. 1353

P. O. Address Blue Springs, 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.