

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23203

3116

BIRTH NO. 42717-54		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3116			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard					
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 1 da.		c. CITY OR TOWN Fayette		0451			
d. FULL NAME OF HOSPITAL OR INSTITUTION Children's Mercy Hosp.				d. STREET ADDRESS (If rural, give location) 305 N. Mulberry 1					
3. NAME OF DECEASED (Type or Print) a. (First) David			b. (Middle) Michael		c. (Last) Wriedt		4. DATE OF DEATH (Month) (Day) (Year) 7-5-54		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child 0		8. DATE OF BIRTH 6-29-54		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 6			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Fayette, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Melvin Wriedt			13b. MOTHER'S MAIDEN NAME Mary Ann Mauvin		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Melvin Wriedt, 305 N. Mulberry Fayette, Mo.					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Esophageal Atresia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7562	
19a. DATE OF OPERATION 7-5-54		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 7-4, 1954, to 7-5, 1954, that I last saw the deceased alive on 7-5, 1954, and that death occurred at 9:45 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Wayne Harr (Degree or title) M.D.				23b. ADDRESS Mercy Hospital Kansas City, Mo.		23c. DATE SIGNED 7-5-54			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 6, 1954		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) MAcon MO.			
DATE REC'D BY LOCAL REG. 7-6-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE John P. Sheil		ADDRESS X.C. Mo			

(Licensed Embalmer's Statement on Reverse Side)

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 Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address R. E. M.

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.