

FILED JUN 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15641

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2109

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY OR TOWN <u>Independence</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>10905 East 35th Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GERALD</u>	b. (Middle) <u>LOWELL</u>	c. (Last) <u>WAITMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 13 1955</u>
-------------------------------------	--------------------------	---------------------------	--------------------------	----------------------------------------------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 14 1929</u>	9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
--------------------	-------------------------------	-----------------------------------------------------------------------	---------------------------------------	-------------------------------------------	-----------------------------------------	----------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plant assigner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Bell Tel. Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Kansas</u>	12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>
-------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------	-------------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>Lowell Waitman</u>	13b. MOTHER'S MAIDEN NAME <u>Evelyn Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Maxine Waitman</u>
------------------------------------------	-----------------------------------------------	---------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Air Force</u>	16. SOCIAL SECURITY NO. <u>513-20-1962</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maxine Waitman</u>	ADDRESS <u>10905 E. 35th St.</u>
-------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------	---------------------------------------------------------	----------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Vascular Collapse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac arrest</u>			<u>24 hrs.</u>
	DUE TO (c) _____			<u>585 X</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gall Bladder Surgery</u>		<u>24 hrs.</u>	

19a. DATE OF OPERATION <u>5-12-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cholecystitis</u>	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) _____	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 5-9, 1955 to 5-13, 1955, that I last saw the deceased alive on 5-12, 1955, and that death occurred at 12:20 PM from the causes and on the date stated above.

23a. SIGNATURE <u>E. O. Fisher</u> (Degree or title) <u>DO</u>	23b. ADDRESS <u>11109 W. Main Rd. Indep.</u>	23c. DATE SIGNED <u>5-14-55</u>
----------------------------------------------------------------	----------------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/15/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Van Horn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carroll County Missouri</u>
---------------------------------------------------------	--------------------------	-------------------------------------------------------------	------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>5-14-55</u>	REGISTRAR'S SIGNATURE <u>Neval Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilton A. Kesley</u>	ADDRESS <u>Indep. Mo.</u>
-----------------------------------------	---------------------------------------------	----------------------------------------------------------	---------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
E. O. Fisher

APR 30 1978

JUL 1 1967

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.....  
Licensed Embalmer No. 4925

P. O. Address ...Indep... 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.