

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5184

State File No.

BIRTH NO. 15925-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 435

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

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY, Mo.		c. LENGTH OF STAY (In this place) 18 DAYS	c. CITY OR TOWN SHAWNEE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Children's Mercy Hospital			e. STREET ADDRESS (If rural, give location) 5504 NEUMAN ROAD		
3. NAME OF DECEASED a. (First) MICHAEL		b. (Middle) NEWTON	c. (Last) WALLEY	4. DATE OF DEATH (Month) (Day) (Year) 1-29-56	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) CHILD	8. DATE OF BIRTH 1-11-56	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10b. KIND OF BUSINESS OR INDUSTRY CHILD	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME HOWARD E. WALLEY		13b. MOTHER'S MAIDEN NAME PATRICIA HEMENWAY	14. NAME OF HUSBAND OR WIFE CHILD		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) CHILD	16. SOCIAL SECURITY NO. CHILD	17. INFORMANT'S SIGNATURE OR NAME HOWARD E. WALLEY			ADDRESS SHAWNEE KANSAS
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 2 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) subarachnoid hemorrhage	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. premature				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					776X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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 January 19, 1956 , to January 29, 1956 , that I last saw the deceased <input checked="" type="checkbox"/> alive on January 29, 1956 , and that death occurred at 5:55 p. m. , from the causes and on the date stated above.					
23a. SIGNATURE Wayne Hart			(Degree or title) MD	23b. ADDRESS 1710 Indep. Ave	23c. DATE SIGNED 1-30-56
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 1-30-56	24c. NAME OF CEMETERY OR CREMATORY Pleasant View Cem.	24d. LOCATION (City, town, or county) (State) Shawnee, Kans.		
DATE REC'D BY LOCAL REG. 1-30-56	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE E. Paul Amos	ADDRESS Shawnee, Ks		

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.....
E. Paul Lemos

Licensed Embalmer No. *4385*

P. O. Address *Shawnee, Ks*

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.