

FILED DEC 21 1956

STANDARD CERTIFICATE OF DEATH

41787
STATE FILE NUMBER 5297

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN K.C. Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in Life	d. STREET ADDRESS 8607 Wilson Rd (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Clay Middle B. Last Wallace			4. DATE OF DEATH Month 12 Day 4 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 18, 1898 - 57		9. AGE (In years last birthday) IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dry cleaning		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) K.C. Mo.	
13. FATHER'S NAME Jefferson D. Wallace			14. MOTHER'S MAIDEN NAME Gertrude Booth		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-07-6379		17. INFORMANT Address Mrs. Nell Siebert K.C. Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary congestion and edema					INTERVAL BETWEEN ONSET AND DEATH 57 1/2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Resection of colon					
DUE TO (c) Diverticulitis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from June 6, 1956 to Dec. 4, 1956 and last saw ^{him} her alive on Dec. 4, 1956 ✓ Death occurred at 6:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W. I. Burns, M.D.			22b. ADDRESS 24th & Cherry		22c. DATE SIGNED 12-5-56
23a. BURIAL CREMATION, REMOVAL, SPECIALLY Burial		23b. DATE Dec. 7, 1956	23c. NAME OF CEMETERY OR CREMATORY Woodlawn		23d. LOCATION (City, town, or county) (State) Indep. Mo.
24. FUNERAL DIRECTOR Ott & Mitchell		ADDRESS Indep. Mo.		25. DATE RECD. BY LOCAL REG. 12-6-56	26. REGISTRAR'S SIGNATURE Rever Marshall

(Licensed Embalmer's Statement on Reverse Side)

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DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. B. I. Burns

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 me, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... Henry S. Mitchell
Licensed Embalmer No. 320

P. O. Address... Indepth

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.