

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047174
State No. 6264

FILED JAN 19 1959

BIRTH NO. 0 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 6264

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. CITY OR TOWN <u>Independence</u> 7005	
c. LENGTH OF STAY (in this place) <u>20 min.</u>		d. Is Residence within limits of a city or incorporating town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		e. STREET ADDRESS (In rural, give location) <u>4702 Fuller</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) c. (Last) <u>Wass.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12. 29. 58</u>
--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>12. 29. 58</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. <u>20</u>
--------------------	---------------------------	--	------------------------------------	---

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

13a. FATHER'S NAME <u>Charles Anderson Wass</u>	13b. MOTHER'S MAIDEN NAME <u>Juanita Teer</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Charles A. Wass</u> ADDRESS <u>4702 Fuller Independence</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, asthma, etc. If means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>776+</u>		

19a. DATE OF OPERATION	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)	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 12/29, 1958, to 12/29, 1958, that I last saw the deceased alive on 12/29, 1958 and that death occurred at 5:24 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Biggs</u> (Degree or title) b. <u>MB.</u>	23b. ADDRESS <u>Raytown, MO</u>	23c. DATE SIGNED <u>12/29/58</u>
--	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Retained</u>	24b. DATE <u>12-29-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hospital Disposition</u>	24d. LOCATION (City, town, or county) (State)
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. <u>1-1-59</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Joseph Hosp. H. C. ...</u> ADDRESS
--	--	--

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

H. 11889

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.....

P. O. Address.....

**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.**