

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005375
STATE FILE NUMBER

FILED FEB 19 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar No. 550

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8205 CHERRY STREETS 27 YEARS		d. STREET ADDRESS (If outside, give location) 8205 CHERRY STREET	
3. NAME OF DECEASED (Type or print) First Middle Last WENDELL WORTH ADAIR		4. DATE OF DEATH Month Day Year JAN. 26. 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 31. 1900
9. AGE (In years last birthday) 58		10. FUNDING YEAR IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PATROLMAN		10b. KIND OF BUSINESS OR INDUSTRY K. C. POLICE DEPT.	
11. BIRTHPLACE (City and state or country) KELLOGG, IOWA		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME WILLIAM S. ADAIR		13b. MOTHER'S MAIDEN NAME EDITH BURROUGHS	
14. NAME OF HUSBAND OR WIFE HELEN M. ADAIR		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1919-1922	
16. SOCIAL SECURITY NO. 486-24-4564		17. INFORMANT Address MRS. HELEN M. ADAIR 8205 CHERRY STREET KANSAS CITY MISSOURI	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of Aneurysm of Aorta		INTERVAL BETWEEN ONSET AND DEATH Seconds	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Aortic Aneurysm arteriosclerosis.		8+ month	
DUE TO (c) Hypertensive Intussuscent Heart Disease		6+ years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Duodenal ulcer & gastric reaction		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 p.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 11-6-1943 to 1-26-59 and last saw him alive on 1-22-59 Death occurred at AM on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) Frank B. Leitz M.D.		22b. ADDRESS 1530 Prof Bldg Council Bluffs Mo	
22c. DATE SIGNED 1-26-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN. 29. 1959	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR DW. NEWCOMER'S SONS ADDRESS 1331. BRUSH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 1-29-59	26. REGISTRAR'S SIGNATURE neve minihall

Frank B. Leitz M.D. ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Basil J. Honey*

Licensed Embalmer No. *4724*

P. O. Address *K.C., 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.