

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-000660

FILED VS JAN 14 1960

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 89 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Little Rock	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mount Pleasant Township		Length of stay in 1b transit	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No. Junction US Hwy 71 Bypass & Mo. Hwy 58		d. STREET ADDRESS (If outside, give location) 1405 Stone St.	

3. NAME OF DECEASED (Type or print) First Charles Middle W. Last Wakefield			4. DATE OF DEATH Month January Day 4 Year 1960		
5. SEX Male	6. COLOR OR RACE Caucasion	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 1, 1915	9. AGE (last birthday) 44	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Air Force Chaplain		10b. KIND OF BUSINESS OR INDUSTRY Air Force		11. BIRTHPLACE (City and state or country) Cheshire, Mass.	
12. CITIZEN OF WHAT COUNTRY U.S. A.		13a. FATHER'S NAME William H. Wakefield		13b. MOTHER'S MAIDEN NAME Bessie Mae (Unknown last name)	
14. NAME OF HUSBAND OR WIFE Lucile T. Wakefield		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 25 June 1943		16. SOCIAL SECURITY NO. 039-12-5103	
17. INFORMANT 1/Lt Jeanne C. Keener		Address Little Rock AFB Ark		Occupation Casualty Officer	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Trauma			INTERVAL BETWEEN ONSET AND DEATH immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) vehicle accident	
20c. TIME OF INJURY Hour 11:00 a.m. XXM Month, Day, Year Jan 4 60	20d. INJURY OCCURRED WHILE AT WORK <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.) Highway		20f. CITY, TOWN, OR LOCATION No. Junction of U.S. Hwy 71 Bypass & Mo. Hwy 58	
20g. COUNTY Cass		20h. STATE Missouri	

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **11:00** **A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. Robert C. Phillips Coroner		22b. ADDRESS Arkington National		22c. DATE SIGNED 1/4/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/8/60		23c. NAME OF CEMETERY OR CREMATORY Arkington National	
23d. LOCATION (City, town, or county) Arkington, Arkansas		24. FEDERAL DIRECTOR Spic Teneal		25. DATE RECD. BY LOCAL REG. 1/8/60	
26. REGISTRAR'S SIGNATURE Mr. Ray Sebee					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Richard E. Lawrence

Licensed Embalmer No. 4829

P. O. Address KC MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.