

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-017863
STATE FILE NUMBER

LED MAY 29 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2319

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDED

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>PRAIRIE VILLAGE</u>	
Length of stay in 1b <u>Life</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>3523 WEST 74TH ST</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>DRUCKER</u> Last <u>WEIL</u>			4. DATE OF DEATH Month <u>3</u> Day <u>17</u> Year <u>61</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-9-61</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u> IF UNDER 24 HR Hours <u>45</u> Min. <u>45</u>
11. BIRTHPLACE (City and state or country) <u>KANSAS CITY MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>LEO EOGAN WEIL</u>		13b. MOTHER'S MAIDEN NAME <u>JOAN DRUCKER</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>JOAN WEIL 3523 W 74TH</u> Address <u>PRAIRIE VILLAGE KANSAS</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Premature Birth</u> DUE TO (b) <u>Congenital Atelectasis of Bilat.</u> DUE TO (c) <u>Bronchial Pneumonia</u> 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			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>12</u> a.m. <u>04</u> p.m.	Month, Day, Year		
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 <u>Birth</u> to <u>Mar. 17 - 61</u> and last saw her/him alive on <u>Mar. 17 1961</u> Death occurred at <u>12 04 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Sudney J. Patula M.D</u>		22b. ADDRESS <u>751 E. 63rd St</u>	22c. DATE SIGNED <u>8/17/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>3-17-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Lukes Hosp.</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>St. Lukes Hosp. K.C. Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-10-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Sudney J. Patula

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.