

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021261
3051 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3051

FILED JUL 5 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 2 days	c. CITY OR TOWN Kansas City Lee's Summit Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Doctors Hospital Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Thomas Middle James Last Foেকে			4. DATE OF DEATH Month June Day 17 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 15, 1961	9. AGE (last birthday) 2	IF UNDER 1 YEAR Months 2 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY Baby	11. BIRTHPLACE (City and state or country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jerome Foেকে		13b. MOTHER'S MAIDEN NAME Darlene Goeken		14. NAME OF HUSBAND OR WIFE Baby	

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. None	17. INFORMANT Jerome Foেকে, Lee's Summit, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) ANOXIA		@ 4 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Pulmonary Edema.	@ 6 hrs.
	DUE TO (c) Hypaline membrane disease.	@ 12 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NEONATAL Bronchial Obstruction.		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 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 _____ a.m. _____ 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 6-15-61 to 6-17-61 and last saw him alive on 6-17-61
Death occurred at 2:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>William J. Rhoads</i>	(Degree or title) Dr.	22b. ADDRESS 320 S. Douglas Lee's Summit	22c. DATE SIGNED 6-17-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 19, 1961	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR Langsford Funeral Home	ADDRESS Lee's Summit, Missouri	25. DATE RECD. BY LOCAL REG. 6-19-61	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
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DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF
William J. Rhoads M.D. Medical Certification

ITEM NO. SHOULD READ

MAY 31 1962

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 D. B. Langford

Licensed Embalmer No. 4962

P. O. Address Leicester, Mass.

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.