

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033635
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

Registration District No. 27 Primary Registration District No. 5080 Registrar's No. 185

FILED OCT 2 1962

VS 300
 Rev. 4/59
 1 0070
 2 23009
 3
 4 0
 5 1
 6
 7 1
 8 2
 9 X
 10
 11 007
 12 91-3
 13 1-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DATE AMENDED
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Deer Creek Twp		Length of stay in 1b instant	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD Bates Co.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7416 Harrison Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last NORMAN X WALDMAN		4. DATE OF DEATH Month Day Year Sept 24 1962	
5. SEX Male	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/14/26
9. AGE (last birthday) 36		IF UNDER 1 YEAR Months 2 Days 10 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10b. KIND OF BUSINESS OR INDUSTRY Tobacco	11. BIRTHPLACE (City and state or country) Philadelphia Penn.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Nathan Waldman	
13b. MOTHER'S MAIDEN NAME Pearl.....		14. NAME OF HUSBAND OR WIFE Ann Waldman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, top, or unknown) (If yes, give war or dates of service) Yes WW 2		17. INFORMANT Address Ann Waldman 7416 Harrison K C Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head & chest injuries			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) Compound fracture left leg.		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 SUICIDE HOMICIDE <input checked="" 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.) Car collision	
20c. TIME OF INJURY Hour 6 a.m. Month, Day, Year 9 24-62	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 #71 Bates Co	20f. CITY, TOWN, OR LOCATION COUNTY STATE South Archie Mo 3 miles
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 64 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ronald Howell MD		22b. ADDRESS Butler, Mo	22c. DATE SIGNED 9-24-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/24/62	23c. NAME OF CEMETERY OR CREMATORY Philadelphia Penn.	23d. LOCATION (City, town, or county) (State) Phiadelphia, Penn.
24. FUNERAL DIRECTOR ADDRESS Culver Underwood, Butler Mo.		25. DATE RECD. BY LOCAL REG. 9-24-62	26. REGISTRAR'S SIGNATURE Norman Wilson

2961
OCT 8 1967

.....

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 Robert D. Steinfeld

Licensed Embalmer No. 4657

P. O. Address Butler, 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.