

FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16985**
2043

BIRTH NO. 28476-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 21038</u>	
c. LENGTH OF STAY (in this place) <u>2 hrs 52 min</u>		d. STREET ADDRESS (If rural, give location) <u>1566 Brush Creek Pkwy</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Boy</u> c. (Last) <u>Trigg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-1-1950</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>new born</u>	
8. DATE OF BIRTH <u>5-1-1950</u>		9. AGE (In years last birthday)		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>new born</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>new born</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	

13a. FATHER'S NAME <u>David Clay Trigg, Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Virginia Trigg</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mo David Clay Trigg</u>	
				ADDRESS <u>1566 Brush Creek Pkwy</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Pulmonary Infection - (Static)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Respiratory Failure</u> DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pathologist</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Pathologist</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____	

22. I hereby certify that I attended the deceased from 5-1-1950, to 5-1-1950, that I last saw the deceased alive on 5-1-1950, and that death occurred at 8:45 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>A.E. Upsher</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>2800 main</u>	
23c. DATE SIGNED <u>5/2/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>5/5/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>			

DATE REC'D BY LOCAL REG. <u>5-3-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stewart McClure & Co MD</u>	
				ADDRESS _____	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

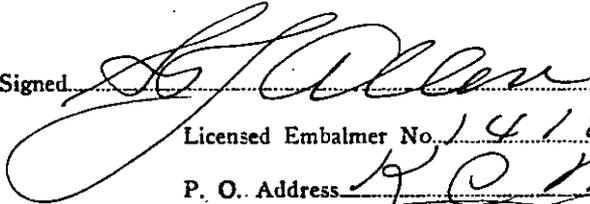
STATEMENT BY LICENSED EMBALMER

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
Student Embalmer

Signed 

Licensed Embalmer No. 1415

P. O. Address 901 M

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 this body is not embalmed, fact should be so stated above.