

FILED JUL 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20390
State File No.

BIRTH NO. 28191-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2893

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>Wyandotte</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</u>	
c. LENGTH OF STAY (in this place) <u>36 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>817 S. Pyle</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Conley Maternity Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>---</u> b. (Middle) <u>---</u> c. (Last) <u>Pankey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>29</u> <u>50</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <u>NEVER MARRIED</u> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>5 27 50</u>		9. AGE (In years last birthday) <u>36</u> IF UNDER 1 YEAR: Months <u>---</u> Days <u>---</u> IF UNDER 24 HRS. Hours <u>---</u> Min. <u>---</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>John Less Pankey</u>		13b. MOTHER'S MAIDEN NAME <u>Oda</u>		14. NAME OF HUSBAND, OR WIFE <u>---</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. John Pankey</u> ADDRESS <u>817 S. Pyle, K.D. Kan</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Sub-dural hemorrhage</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Sub-dural hemorrhage			
ANTECEDENT CAUSES		DUE TO (b) <u>Fragile tissues of immaturity</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Birth at non-viable age</u>			
II. OTHER SIGNIFICANT CONDITIONS		Necrosis of the liver		<u>12-5</u>	
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) (Min.)		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 27, 1950, to 5 29, 1950, that I last saw the deceased alive on 5/28, 1950, and that death occurred at 3:40 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Kendall P. Blair DO</u> (Degree or title)		23b. ADDRESS <u>1503 S. 22nd K.C. Kan</u>		23c. DATE SIGNED <u>6-1-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5 29</u>		24c. NAME OF CEMETERY OR CREMATORY <u>50 K.C.C.O.S. Pathology Lab.</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>6-30-50</u>		REGISTRAR'S SIGNATURE <u>Thelma Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>K.C. College of Osteopathy K.C. Mo.</u> ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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.....

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