

FILED JUN 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20641 Registrar's No. 17

BIRTH NO. 28725-50 DIST. NO. 154 PRIMARY REG. DIST. NO. 5575

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pruple Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>106th &amp; Wornall Rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>106th &amp; Wornall Rd</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Larry</u> b. (Middle) <u>William</u> c. (Last) <u>Treat</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 13 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 17 1950</u>	9. AGE (In years last birthday) <u>3 weeks</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Baby</u>	11. BIRTHPLACE (State or foreign country) <u>Jackson Co Emergency Hospital Mo. U.S.A</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>William Treat</u>	13b. MOTHER'S MAIDEN NAME <u>Mayme Moppin</u>	14. NAME OF HUSBAND OR WIFE <u>none</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>William Treat</u>	ADDRESS <u>106 Wornall Rd</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>4630</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>a cut branch Pneumonia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. C. Thalpiert, M.D., Chief, Carver</u>	23b. ADDRESS <u>3447 Prospect St. Mo</u>	23c. DATE SIGNED <u>6-13-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-14-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kickapoo</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas</u>
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DATE REC'D BY LOCAL REG. <u>6/14/50</u>	REGISTRAR'S SIGNATURE <u>Dr. Annie B. Hodges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>France - Wornall Funeral Home</u>	ADDRESS <u>136</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 2-1 1956

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Russell N. France

Signed.....  
Student Embalmer

Licensed Embalmer No. 4255

P. O. Address R. C. 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.