

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33509**
4187

BIRTH NO. 49279-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4187

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE MISSOURI COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) life	c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		d. STREET ADDRESS (If rural, give location) 2412 Park Avenue
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GENERAL HOSPITAL #2					

3. NAME OF DECEASED (Type or Print) INFANT			a. (First)		b. (Middle)		c. (Last) FORE		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 8 1950		
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5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH AUGUST 8 1950			9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Mins. 5 4	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI			12. CITIZEN OF WHAT COUNTRY? U. S.		
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13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME ARLENE ELIZABETH FORE			14. NAME OF HUSBAND OR WIFE none		
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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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ARLENE ELIZABETH FORE 2412 Park Avenue			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FETAL ATELECTASIS						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PREMATURITY (1 lb 8 Oz)							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						76-5	

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) m.				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 8-8-, 19 50 to 8-8-, 19 50, that I last saw the deceased alive on 8-8-, 19 50 and that death occurred 8:45A m., from the causes and on the date stated above.

23a. SIGNATURE OF Frank <i>[Signature]</i> (Degree or title) MD			23b. ADDRESS 600 East 22nd Street			23c. DATE SIGNED 8-25-50		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-6-50		24c. NAME OF CEMETERY OR CREMATORY Rock Cemetery		24d. LOCATION (City, town, or county) (State) Rock Jackson MO			
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DATE REC'D BY LOCAL REG. 10-4-50		REGISTRAR'S SIGNATURE <i>[Signature]</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>			ADDRESS RCMA		
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

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.