

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43605**

FILED JAN 20 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5587

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">82d & Troost</p>				d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">Unknown</p>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Unknown</u> b. (Middle) <u>Fetus</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Unknown</u>		
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5. SEX <u>?</u>	6. COLOR OR RACE <u>?</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>?</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Safest</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Safest</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>?</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Safest</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>Coroners Office</u>	ADDRESS <u>K.C., Mo.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>3 month Premature fetus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>74H</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. 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 <u>Parents unknown</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>?</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>82nd & Troost Bldg., K.C., Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson Co.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-29-50</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Jackson Co.</u>
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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 <u>Hugh H. Owens</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>3103 4th Pl, Bldg 13, 80 St</u>	23c. DATE SIGNED <u>12-30-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-13-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>K.C., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-31-50</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. J. Kelly</u>	ADDRESS <u>Exlor, Mo.</u>
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Max H. Kirkendall*

Licensed Embalmer No. *4632*

P. O. Address *F. C. 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 this body is not embalmed, fact should be so stated above.