

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1048

State File No. _____
Registrar's No. **61**

BIRTH NO. 85828-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

FILED JAN 27 1951

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (in this place) 14 Hrs 33 Min	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City,	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		d. STREET ADDRESS (If rural, give location) 1108 E. 16th St.	
3. NAME OF DECEASED (Type or Print) a. (First) #2 b. (Middle) XXXXXX c. (Last) Burton			4. DATE OF DEATH (Month) (Day) (Year) 1-1-51
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ()	8. DATE OF BIRTH 12-31-50
9. AGE (In years last birthday) 14		IF UNDER 1 YEAR 0 MONTHS IF UNDER 24 HRS. 03 MIN.	
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, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Cornelius Burton		13b. MOTHER'S MAIDEN NAME Sammie Lee Jones	14. NAME OF HUSBAND OR WIFE Infant.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) -----		16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sammie Lee Burton 1108 E. 16th St.

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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		DUE TO (b) Premature labor		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Multiple pregnancy				
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 12-31 1950, to 1-1, 1951, that I last saw the deceased alive on 1-1, 1951, and that death occurred at 4:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE OF **Frank Ellis MD** (Degree or title)
Frank Ellis MD
23b. ADDRESS **600 East 22nd Street**
23c. DATE SIGNED **1-3-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED		24b. DATE JAN 5, 1951	24c. NAME OF CEMETERY OR CREMATORY West Lawn Kansas City, Mo	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO	
DATE REC'D BY LOCAL REG. 1-6-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE W. H. ...	

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 _____

W. E. Davis

Signed

Student Embalmer

Licensed Embalmer No. 4417

P. O. Address. R. 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.