

FILED MAY 26 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 16852

1972

BIRTH NO. 29866-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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 OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 1202 Harrison	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		3140	
3. NAME OF DECEASED (Type or Print) Infant		4. DATE OF DEATH (Month) 5 (Day) 6 (Year) 51	
a. (First) b. (Middle) c. (Last) Tripp			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 5-6-51
9. AGE (in years last birthday) 15		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	
11. BIRTHPLACE (State or foreign country) KC Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Richard B. Tripp		13b. MOTHER'S MAIDEN NAME Betty Jean Schick	
14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Richard Tripp		ADDRESS 1202 Harrison	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
*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) Prematurity	
		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	
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) 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 May 6, 1951, to May 6, 1951, that I last saw the deceased alive on May 6, 1951, and that death occurred at 1:05 P. m., from the causes and on the date stated above.			
23a. SIGNATURE B.I. Burns (Degree or title)		23b. ADDRESS 24th & Cherry	
23c. DATE SIGNED 5-7-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-9-51	
24c. NAME OF CEMETERY OR CREMATORY Int Calvary		24d. LOCATION (City, town, or county) (State) KC Kansas	
DATE REC'D BY LOCAL REG. 5-7-51		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
Funeral Home		Funeral Home	

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

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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.....

..... 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.