

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27213**
3696

FILED SEP. 14 1951

BIRTH NO. 53396-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0</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) <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>6 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>3758</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research</u>		d. STREET ADDRESS (If rural, give location) <u>2711 Denver</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Unknown</u> b. (Middle) _____ c. (Last) <u>Stewart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-18-51</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u> <u>0</u>	8. DATE OF BIRTH <u>8-18-51</u>		9. AGE (In years last birthday) <u>6</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 100 HRS.: Hours _____ Min. _____
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		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>American</u>					

13a. FATHER'S NAME _____	13b. MOTHER'S MAIDEN NAME <u>Erma Imogene Higgins</u>		14. NAME OF HUSBAND OR WIFE _____		
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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>Ernie Higgins Stewart</u>				ADDRESS <u>2711 Denver</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>anoxia</u>				<u>6 hrs.</u>
	DUE TO (c) _____				<u>76⁺5</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Spontaneous rupture of membranes @ 6 mos.</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input 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 8/18/51, 1951, to 8/18/51, 1951, that I last saw the deceased alive on 8/18/51, 1951, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles J. Farley</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>4301 Main, K.C. Mo</u>	23c. DATE SIGNED <u>8/19/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Body retained at hospital for clinical use.</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Research Hosp., K.C. Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Research Hosp., K.C. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-29-51</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Research Hosp. K.C. Mo.</u>	
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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.