

FILED SEP 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30379**  
Registrar's No. **4002**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. <u>4002</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>					
b. CITY OR TOWN <u>Kansas City, Mo.</u>		c. LENGTH OF STAY (In this place) <u>4 mo.</u>		c. CITY OR TOWN <u>Jipton</u>		6680			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R#1</u>					
3. NAME OF DECEASED (Type or Print) <u>Sheeryl Darlene Newkirk</u>			a. (First) <u>Sheeryl</u> b. (Middle) <u>Darlene</u> c. (Last) <u>Newkirk</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-17-51</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED—NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>June 23-1949</u>			
9. AGE (In years last birthday) <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) <u>2</u> 10. UNDER 1 YEAR Months <u>2</u> Days _____ 11. BIRTHPLACE (State or foreign country) <u>California, Mo.</u>			
11. BIRTHPLACE (State or foreign country) <u>California, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wilbur R. Newkirk</u>		13b. MOTHER'S MAIDEN NAME <u>Lots Gist</u>			
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Wilbur R. Newkirk</u> ADDRESS <u>Tipton Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Tuberculosis</u>				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tuberculosis Meningitis</u>				DUE TO (b) _____ DUE TO (c) _____				10/17	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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 <u>May 17, 1951</u> , to <u>Sept 17, 1951</u> , that I last saw the deceased alive on <u>9-17, 1951</u> , and that death occurred at <u>10:20 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Richard C. Schaffer</u> (Degree or title) <u>MD (Pathologist)</u>				23b. ADDRESS <u>St. Luke Hospital K.C., Mo.</u>		23c. DATE SIGNED <u>9-18-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-18-51</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Jipton Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-19-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Wagner</u> ADDRESS <u>K. C. Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed *Ralph M. Baughman* .....

Signed.....

Student Embalmer

Licensed Embalmer No. *4841* .....

P. O. Address *K.P. 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.