

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1417

FEB 9 1952

BIRTH NO. 2144-52 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 398

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 town) Kansas City		c. LENGTH OF STAY (In this place) 7 hrs.	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		2598
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside			d. STREET ADDRESS (If rural, give location) 2A Blue Valley Housing Project		
3. NAME OF DECEASED (Type or Print) a. (First) Sandra		b. (Middle)	c. (Last) Page	4. DATE OF DEATH (Month) (Day) (Year) 1-21-52	
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 1-20-52	9. AGE (In years last birthday) 7	IF UNDER 1 YEAR Months 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) K.C. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Donald Allen Page		13b. MOTHER'S MAIDEN NAME Mamie Jean Tomlinson		14. NAME OF HUSBAND OR WIFE	

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 Mrs. D.C. Page		ADDRESS 2A Blue Valley Housing	
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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.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Lung Congestion.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature Infant.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				774X

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) 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 1/20/52, 1952, to 1/21/52, 1952, that I last saw the deceased alive on 1/21/52, 1952, and that death occurred at 4:50 AM., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS 3 E. 39th St. Kansas City, Mo		23c. DATE SIGNED 1/24/52	
24a. BURIAL, CREMATION REMOVAL (Specify) Retained in Laboratory	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Lakeside Hospital	24d. LOCATION (City, town or county) (State) Kansas City Mo.		
DATE REC'D BY LOCAL REG. 1-25-52	REGISTRAR'S SIGNATURE Geraldine Nahnes	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Lakeside Laboratory K.C. Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Chas. G. Stephens Co

2nd 4415

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.