

FILED NOV 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4671

BIRTH NO. 76739 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4671

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>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>3 hrs 47 min</u>		21048	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1117 East 41st Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby Boy</u> b. (Middle) <u>Colvich</u> c. (Last) <u>Colvich</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-24-52</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>new born</u>	8. DATE OF BIRTH <u>10-24-1952</u>	9. AGE (In years last birthday) Months Days Hours Mins. <u>- - - 3 47</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>New born</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>new born</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri (Kansas City)</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Mr Robert Colvich</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy Irene Brockelman</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>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Robert Colvich</u> ADDRESS <u>1117 East 41st St.</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs 47 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cause or causes unknown</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		<u>776X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)
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 10-24, 1952, to 10-24, 1952, that I last saw the deceased alive on 10-24, 1952, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James W. Downey</u> (Degree or title) <u>MD.</u>	23b. ADDRESS <u>Argyle Bldg & CMO</u>	23c. DATE SIGNED <u>10-24-52</u>
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24a. BURIAL (CREMATION) (REMOVAL) <u>burial</u>	24b. DATE <u>Oct. 26</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Cole Camp Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-25-52</u>	REGISTRAR'S SIGNATURE <u>Genevieve Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Perry</u> ADDRESS <u>Cole Camp Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Harold Perry

Licensed Embalmer No. *40,97*

P. O. Address *Cole Camp, 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.