

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

NOV 22 1952

State File No. 4764

BIRTH NO. 76726 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 township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 1 DAY	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		
d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Hospital			d. STREET ADDRESS (If rural, give location) 1215 WEST 20TH		

3. NAME OF DECEASED (Type or Print) Infant			a. (First)		b. (Middle)		c. (Last) Nepote		4. DATE OF DEATH (Month) (Day) (Year) OCT. 30 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 29 OCT. 1952		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X			10b. KIND OF BUSINESS OR INDUSTRY X			11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME CHARLES NEPOTE		13b. MOTHER'S MAIDEN NAME VERNA WOOD		14. NAME OF HUSBAND OR WIFE X X X X			
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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) NO X X		16. SOCIAL SECURITY NO. X X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARLES NEPOTE 1215 W. 20TH K.C. MO.			
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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) Pneumonia						18 hrs.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Right congenital atelectasis						18 hrs.	
	DUE TO (c) Premature							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						7625	

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)	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 Oct 29, 1952, to Oct 30, 1952; that I last saw the deceased alive on Oct 30, 1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Charles Glass (Degree or title) Charles Glass D.O.		23b. ADDRESS 808 West 17th		23c. DATE SIGNED 10/31/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 31 OCT. 52	24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.	
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DATE REC'D BY LOCAL REG. 10-31-52	REGISTRAR'S SIGNATURE Sheraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FLORAL HILLS MEMORIAL CHAPELS K.C. MO.		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

808 W 17th Dr. Linn

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

Lloyd C. McCord

Licensed Embalmer No. 4853

P. O. Address K. C. 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.