

44596

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 7 1953

5832

No. 300

10.48

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|---|----------------------------------|--|---|--|--|---|---|
| BIRTH NO. <u>25695</u> | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 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) <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>Life</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1010 East 12th Street</u> <u>3148</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>(Infant)</u> | | b. (Middle) | | c. (Last) <u>Raglin</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12</u> <u>24</u> <u>52</u> | |
| 5. SEX <u>3</u> <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>12-22-52</u> | | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months <u>2</u> | IF UNDER 1 HRS. Hours <u>5</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>America</u> | |
| 13a. FATHER'S NAME <u>Jimmie Raglin</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Alice Floyd</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | | |
| 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 ADDRESS <u>Mrs. Alice F. Raglin, 1010 E. 12th St</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>Fetal Atelectasis</u> ANTECEDENT CAUSES DUE TO (b) <u>Prematurity.</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7625</u> |
| 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>12-22-52</u> , 19 <u> </u> , to <u>12-24-52</u> , 19 <u> </u> , that I last saw the deceased alive on <u>12-24-52</u> , 19 <u> </u> , and that death occurred at <u>10:00 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>E. Frank Ellis MD</u> | | | | 23b. ADDRESS <u>600 East 22nd Street</u> | | 23c. DATE SIGNED <u>12-30-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>1-28-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lieds</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u> | |
| DATE REC'D BY LOCAL REG. <u>12-31-52</u> | | REGISTRAR'S SIGNATURE <u>Rosaline Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tom A. Lomaye 150 MO</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Wm A. [Signature]*

Licensed Embalmer No. *3089*

P. O. Address *150 [Signature]*

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.