No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15811

BIRTH NO. 29P 54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2387

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3007 E. 7th. St.

3188

3. NAME OF DECEASED (Type or Print)
a. (First): LOUISE
b. (Middle):
c. (Last): CLAYBORN

4. DATE OF DEATH (Month) (Day) (Year): MAY 26 1954

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: MAY 23, 1954
9. AGE (In years last birthday): If under 1 year: Months: Days: 3 Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): KANSAS CITY, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: GEORGE ALBERT CLAYBORN
13b. MOTHER'S MAIDEN NAME: ALTA MARINE KILGORE
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: George Clayborn
ADDRESS: 3007 E. 7th

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital anencephaly

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 750 ✓

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* MAY 23, 1954, *to* May 26, 1954, *that I last saw the deceased alive on* MAY 26, 1954, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE James E. Keeler (Degree or title): James E. Keeler M.D.
23b. ADDRESS: 4301 Main St
23c. DATE SIGNED: 5-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-27-54
24c. NAME OF CEMETERY OR CREMATORY: Phillips Cem.
24d. LOCATION (City, town, or county) (State): Jasper, Arkansas

DATE REC'D BY LOCAL REG.: 5-27-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: D.W. Newcomer's Sons
ADDRESS: K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital anencephaly

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

ONSET AN

never received signed Dr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTO YES ☑

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) (STA
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 23, 1954, *to* May 26, 1954, *that I last saw the alive on* May 26, 1954, *and that death occurred at* 9:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Purificacion T. Florendo (Degree or title) M.D.
23b. ADDRESS: St. Lukes Hospital
23c. DATE: 5/27

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 5/27/54
24c. NAME OF CEMETERY OR CREMATORY: PHILLIPS CEMETERY
24d. LOCATION (City, town, or county): JASPER ARKAN

DATE REC'D BY LOCAL REG.: 5-27-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: D.W. Newcomer's Sons
ADDRESS: 1331 BRUSH C KANSAS CITY

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

he, or by ..... 1954 ....., Student Embalmer No. S-15811

king under my personal supervision..

ent ..... Signature of Student Embalmer

Signed Robert E. Henson

Licensed Embalmer No. 4849

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure omply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.