

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27029

FILED AUG 18 1954

State File No. \_\_\_\_\_

BIRTH NO. 7926-52396-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3558

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY NORTH</u>	
c. LENGTH OF STAY (in this place) <u>2 DAYS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST Joseph HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>4433 N. WALKER</u>	
3. NAME OF DECEASED a. (First) <u>VICKI</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>ARMINTROUT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 19 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>D</u>	8. DATE OF BIRTH <u>JULY 17, 1954</u>
9. AGE (In years last birthday) <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>IN FANT</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>CURTIS ARMINTROUT</u>		13b. MOTHER'S MAIDEN NAME <u>FIDRENCE MCKEE</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>CURTIS ARMINTROUT</u> ADDRESS <u>4433 N. WALKER</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17 HRS -</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ATELECTASIS</u>		<u>36 HRS -</u>	
DUE TO (c) <u>PULMONARY HYALINE MEMBRANE</u>		<u>36 HRS</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5272</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>July 17, 1954</u> , to <u>July 19, 1954</u> , that I last saw the deceased alive on <u>July 19, 1954</u> , and that death occurred at <u>9:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Theodore F. Edwards MD</u> (Degree or title)		23b. ADDRESS <u>329 Allison, No. 16 C. Mo.</u>	
23c. DATE SIGNED <u>July 22, 1954</u>		23d. LOCATION (City, town, or county) (State) _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-22-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>CLAY Co. MO</u>
DATE REC'D BY LOCAL REG. <u>7-22-54</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u> ADDRESS <u>San N. K. C. Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Glenn H. Hill*.....

Licensed Embalmer No. *450*

P. O. Address *N.C. 16*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.