

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27155

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

FILED SEP 7 1954

BIRTH NO. 60937-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4001

1. PLACE OF DEATH  
a. COUNTY Jackson 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Saline

b. CITY (If outside corporate limits, write RURAL and give township) Kansas City c. LENGTH OF STAY (In this place) Life  
c. CITY OR TOWN Marshall Rural d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1 e. STREET ADDRESS (If rural, give location) R. R. # 2

3. NAME OF DECEASED a. (First) INFANT b. (Middle) Conditt c. (Last) Conditt 4. DATE OF DEATH (Month) (Day) (Year) 8 15 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married 8. DATE OF BIRTH August 15, 1954 9. AGE (In years last birthday) 6 IF UNDER 1 YEAR Months Days 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. A.

13a. FATHER'S NAME H. M. Conditt, Jr. 13b. MOTHER'S MAIDEN NAME Floy West 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) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME H. M. Conditt, Jr. ADDRESS Miami, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Prematurity INTERVAL BETWEEN ONSET AND DEATH  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES 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.

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) \_\_\_\_\_ 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 Aug. 15, 1954, to Aug. 15, 1954, that I last saw the deceased alive on Aug. 15, 1954, and that death occurred at 9:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) MD 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED 8-16-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug. 18, 1954 24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City Missouri

DATE REC'D BY LOCAL REG. 8-18-54 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer ADDRESS 1331 Brush Creek Kansas City, Mo.

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.....  
Signature of Student Embalmer

Signed *Basil Honey*.....

Licensed Embalmer No. *472*.....

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