

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

71799-54
FILED OCT 20 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4533

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>Johnson</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Knobnoster</u>	
c. LENGTH OF STAY (in this place) <u>2da-13hrs</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>General Delivery 0510</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Grayson</u> b. (Middle) <u>Earl</u> c. (Last) <u>Viles, Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 25, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	
8. DATE OF BIRTH <u>9-21-54</u>		9. AGE (In years if under 1 year last birthday) <u>3</u> Months <u>14</u> Days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Grayson Earl Viles, Jr.</u>	
13b. MOTHER'S MAIDEN NAME <u>Eugene Smith</u>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Grayson E. Viles, Jr.</u>		17. INFORMANT'S ADDRESS <u>Knobnoster, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post-operative esophageal atresia</u>		DUE TO (b) <u>with breakdown.</u>		7561	
DUE TO (c) <u>Imperforate anus & fused kidneys</u>		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 <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 9-22, 1954, to 9-25, 1954, that I last saw the deceased alive on 9-25, 1954, and that death occurred at 145 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wayne Hart, M.D.</u> (Degree or title)		23b. ADDRESS <u>Warrensburg, Missouri</u>		23c. DATE SIGNED <u>9-25-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-25-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>		DATE REC'D BY LOCAL REG. <u>9-26-54</u>		REGISTRAR'S SIGNATURE <u>Meva Marshall</u>	

25. FUNERAL DIRECTOR'S SIGNATURE <u>Braunenger Funeral Home</u>		ADDRESS <u>Warrensburg, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOT EMBALMED

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.....

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