

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8095

State File No. ....

BIRTH NO. 22145-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1111

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>KANSAS</b> b. COUNTY <b>WYANDOTTE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>2 days</b>	c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RESEARCH HOSPITAL</b>		X STREET ADDRESS (If rural, give location) <b>5149 Locust</b> <span style="float:right">81508</span>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>KAREN</b>	b. (Middle) <b>RENE</b>	c. (Last) <b>BELZ</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 10, 1955</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>March 8, 1955</b>
9. AGE (In years last birthday) <b>----</b>	IF UNDER 1 YEAR Months <b>--</b>	IF UNDER 24 HRS. Days <b>2</b>	IF UNDER 1 HR. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>K.C.Mo. 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>C. Laurence Belz</b>		13b. MOTHER'S MAIDEN NAME <b>Bobbie Jo. DeCou</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>C. Laurence Belz (father) 5149 Locust K.C.Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hylaine membrane of lung</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Premature birth.</b>		" " " "
	DUE TO (c) " "		" " " "
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Atelectasis</b>		5272 <b>Unknown</b>
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) m.	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 <b>March 8<sup>th</sup> 1955</b> to <b>March 10<sup>th</sup> 1955</b> that I last saw the deceased alive on <b>3/10</b> , 19 <b>55</b> , and that death occurred at <b>m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Harold A. Pallett</b> (Degree or title) <b>Harold A. Pallett M.D.</b>		23b. ADDRESS <b>208 Nichols Rd., Kc., Mo.</b>	23c. DATE SIGNED <b>3/11/55</b>
24a. REMOVAL (Specify) <b>burial</b>	24b. DATE <b>3/12/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Patrick's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Horniff, Ks.</b>
DATE REC'D BY LOCAL REG. <b>3-12-55</b>	REGISTRAR'S SIGNATURE <b>New Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JO.S. A. BUTLER'S SONS K.C.K</b>	

ms 14 etc.

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..... *R. L. Dennis*

Licensed Embalmer No. ~~1234~~

P. O. Address *K. C. Kan*

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.