

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19057

State File No. _____

2284

BIRTH NO. 5334 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

b. CITY (If outside county, write full name and give zip code) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 2 days
c. CITY OR TOWN Pleasant Hill d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Childrens Mercy Hospital STREET ADDRESS (If rural, give location) PRR 3 0145

3. NAME OF DECEASED (Type or Print) a. (First) Jana b. (Middle) lea c. (Last) Wolfe 4. DATE OF DEATH (Month) (Day) (Year) 5-24-55

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant 8. DATE OF BIRTH May 11th 1955 9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and State or Foreign Country) K.C. Mo. Lakeside Hospital 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Harry Wolfe 13b. MOTHER'S MAIDEN NAME Frances Henry 14. NAME OF HUSBAND OR WIFE Infant

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 Father - Henry Wolfe ADDRESS Pleasant Hill, Mo. TR 3

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) Tracheo-esophageal fistula 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
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. 750²

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) (Minute) 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 5-22, 1955, to 5-24, 1955, that I last saw the deceased alive on 5-24, 1955, and that death occurred at 11 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE Wayne Hart (Degree or title) 0 23b. ADDRESS Mercy Hospital 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 5-26-55 24c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL 24d. LOCATION (City, town, or county) (State) PLEASANT HILL, MO.

DATE REC'D BY LOCAL REG. 5-26-55 REGISTRAR'S SIGNATURE Reva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE Allen Brownfield ADDRESS Pleasant Hill, 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 *Allen Brownfield*

Licensed Embalmer No. *37*

P. O. Address *Plum*

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.