

FILED JUL 18 1955 STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

State File No. 22110

BIRTH NO. 43886-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2745

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>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo</u>		c. LENGTH OF STAY (in this place) <u>26 hr. 25 m</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Raytown</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Research Hospital</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Research Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>6520 Kane</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kevin</u> b. (Middle) <u>Lee</u> c. (Last) <u>Fairbanks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 25, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>June 24, 1955</u>	9. AGE (In years last birthday)	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Newborn</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Kenneth L. Fairbanks</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy D. Davidson</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>Dorothy D. Davidson R.C. 29, Mo.</u>	
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) <u>Prematurity with Bronchopneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>
*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.			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tracheo-Esophageal fistula</u>
		DUE TO (b) _____ DUE TO (c) _____			
19a. DATE OF OPERATION <u>6/25/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Tracheo-esophageal fistula</u>		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>6/24</u> , 1955, to <u>6/25</u> , 1955, that I last saw the deceased alive on <u>6/25</u> , 1955, and that death occurred at <u>9:45 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>David F. Eubank</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>Raytown, Mo.</u>		23c. DATE SIGNED <u>6/27/55</u>
24a. BURIAL CREMATION OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 27, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brooking Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Raytown Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-28-55</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Clark Street Raytown, Mo.</u>	

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *C. Clark Regent*

Licensed Embalmer No. *3983*

P. O. Address *Raytown, 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 this body is not embalmed, fact should be so stated above.