

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

29707
3775

BIRTH NO. 64824-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. LENGTH OF STAY (in this place) 14 days	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		e. STREET ADDRESS (If rural, give location) 210 2449 Myrtle	
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Eugene c. (Last) Dynes		4. DATE OF DEATH (Month) (Day) (Year) 8 26 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED (Specify) NEVER MARRIED	8. DATE OF BIRTH Aug. 12, 1955
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
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Jenet Dynes	14. NAME OF HUSBAND OR WIFE none
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 Jenet Dynes, 2449 Myrtle
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema & Congestion ANTECEDENT CAUSES DUE TO (b) Infantile diarrhea (n.m.o.) 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	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug. 24, 1955</u> , to <u>Aug. 26, 1955</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>Aug. 26, 1955</u> , and that death occurred at <u>1:23A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE B.I. Burns (Degree or title) D. I. Burns M.D.		23b. ADDRESS 24th & Cherry	
23c. DATE SIGNED 8-26-55			
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/27/55	
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. 8-27-55		REGISTRAR'S SIGNATURE Deva Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE Badeau, Appleton & Jones, Inc., K.C., Mo.		ADDRESS* K.C., 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 *Conrad G. Gandy, Bala*

Licensed Embalmer No. *49*

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.