

FILED SEP 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26908

State File No.

BIRTH NO. 58760-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3553

1. PLACE OF DEATH a. COUNTY <u>Wyandotte Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) --a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY OR TOWN <u>Kansas City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>		e. STREET ADDRESS (If rural, give location) <u>4709 Crest Drive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby Girl</u> b. (Middle) <u>Gould</u> c. (Last) <u>Gould</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 5 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>8-5-56</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>13</u> Days <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MENORAH MEDICAL CENTER Kansas City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Lloyd James Gould</u>	13b. MOTHER'S MAIDEN NAME <u>Edith Lucille Garland</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd J. Gould</u> ADDRESS <u>K.C. Kans.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity and massive atelectasis, lungs.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hr.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>massive atelectasis, lungs.</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>7/6/56</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.)	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 August 5, 1956, to August 5, 1956, that I last saw the deceased alive on August 5, 1956 and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Marvin D. Sandy M.D.</u> (Degree or title)	23b. ADDRESS <u>701 E 63rd K.C. Mo.</u>	23c. DATE SIGNED <u>8/6/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Retained</u>	24b. DATE <u>8-5-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOSPITAL DISPOSAL OF BODY</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-14-56</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Menorah med. Center</u> ADDRESS <u>K.C. Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Handwritten signature or initials

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.