

FILED SEP 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27088**

BIRTH NO. **59823-56** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3500**

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 township) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 hr.		STREET ADDRESS (If rural, give location) 2605 E. 6th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Maternity Hospital		31880	
3. NAME OF DECEASED a. (First) JOHN		b. (Middle) W.	c. (Last) PILCHER
4. DATE OF DEATH 7 - 10 - 56		5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	
8. DATE OF BIRTH 7 - 10 - 56		9. AGE (in years last birthday) 1 37	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John W. Pilcher		13b. MOTHER'S MAIDEN NAME Karen Sue Peck	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs John Pilcher ADDRESS 2605 E. 6th St.	
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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral injury		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DUE TO (b) Intra-uterine anoxia			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Abruptio placenta			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity		7625	
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) (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 7 - 10 , 19 56 , to 7 - 10 , 19 56 , that I last saw the deceased alive on 7 - 10 , 19 56 , and that death occurred at 2:02 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Luther W. Swift MD		23b. ADDRESS 2105 Independence Ave.	
23c. DATE SIGNED 7-20-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Destroyed at the Conley Hospital Laboratory		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY Kansas City, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 8-16-56		REGISTRAR'S SIGNATURE neva minshall	
25. FUNERAL DIRECTOR'S SIGNATURE Conley Hoop, Kansas City, Mo.		ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Luther W. Swift

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.