

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27233**
Registrar's No. **3350**

BIRTH NO. 060637-56		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3350					
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS				b. COUNTY JOHNSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 2-DAYS		c. CITY OR TOWN PRAIRIEVILLE		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL				e. STREET ADDRESS (If rural, give location) 4110 WEST 74TH TERRACE							
3. NAME OF DECEASED (Type or Print) a. (First) MARY			b. (Middle)			c. (Last) WRIGHT			4. DATE OF DEATH (Month) (Day) (Year) JULY-30-1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH JULY-28-1956		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
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		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME ROBERT L. WRIGHT			13b. MOTHER'S MAIDEN NAME ARLENE PETERSEN			14. NAME OF HUSBAND OR WIFE					
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 ROBERT L. WRIGHT						ADDRESS 4110 W. 74TH TERRACE PRAIRIEVILLE, MO.
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) Prematurity						INTERVAL BETWEEN ONSET AND DEATH 2 day			
		ANTECEDENT CAUSES Morbidity 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. —						776h			
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)		21d. (COUNTY)		21e. (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 7/28 , 19 56 , to 7/30 , 19 56 , that I last saw the deceased alive on 7/30 , 19 56 , and that death occurred at 9 A. m. , from the causes and on the date stated above.											
23a. SIGNATURE R. L. Newman				R. L. Newman (Degree or title) M.D.		23b. ADDRESS 2500 Johnson Drive, KC316			23c. DATE SIGNED 7/31/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG-3-1956		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. 8-1-56		REGISTRAR'S SIGNATURE Neva Minshall				25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomin			ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.		

(Licensed Embalmer's Statement on Reverse Side)

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 *Chester K Braun*.....

Licensed Embalmer No...*493*.....

P. O. Address...*KE W*.....

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.