

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33918**
Registrar's No. **4619**

FILED NOV 15 1956

BIRTH NO. **86 983-56** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. R. Peterson

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. LENGTH OF STAY (In this place) Lifetime	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 General Hospital #2		e. STREET ADDRESS (If rural, give location) 420 D 2836 Tracy	
3. NAME OF DECEASED (Type or Print) (Infant)		a. (First) Criswell	b. (Middle) a c. (Last) Criswell
4. DATE OF DEATH (Month) (Day) (Year) 9 16 1956		5. SEX male 6. COLOR OR RACE Negro	
7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) o		8. DATE OF BIRTH 9-16-56	
9. AGE (In years last birthday) 1 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? America		13a. FATHER'S NAME Grace Bridges 13b. MOTHER'S MAIDEN NAME none 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 Grace Bridges Criswell ADDRESS 2836 Tracy	
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) Immaturity		INTERVAL BETWEEN ONSET AND DEATH	
*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	
DUE TO (b) Prematurity		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		776X	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 9-16-56 , 19___, to 9-16-56 , 19___, that I last saw the deceased alive on 9-16-56 , 19___, and that death occurred at 6:50 am. , from the causes and on the date stated above.	
23a. SIGNATURE W. R. Peterson M.D. (Degree or title)		23b. ADDRESS 600 E. 22nd St. 23c. DATE SIGNED 9-18-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial DATE 10-7-56		24c. NAME OF CEMETERY OR CREMATORY Graves 24d. LOCATION (City, town, or county) (State) Kansas City MO	
DATE REC'D BY LOCAL REG. 10-25-56 REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Paul Thompson ADDRESS 1500	

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 not Embalmed, Student Embalmer No.

working under my personal supervision..

X

Student.....
Signature of Student Embalmer

Signed Am. A. Schmeyer.....

Licensed Embalmer No. 3089

P. O. Address K C M

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.