

FILED DEC 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41387**
5276BIRTH NO. **0 86585-56** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5276**

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) 1 day	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Conley Maternity Hospital		STREET ADDRESS (If rural, give location) 1001 E. 11th St.	
3. NAME OF DECEASED (Type or Print) a. (First) BABY b. (Middle) GIRL c. (Last) CARTER		4. DATE OF DEATH (Month) (Day) (Year) 11 - 15 - 56	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 11 - 14 - 56
9. AGE (In years last birthday) 1		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Harold Bert Carter	
13b. MOTHER'S MAIDEN NAME Ruth Taylor		14. NAME OF HUSBAND OR WIFE infant	
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 Harold B Carter		ADDRESS 1001 E. 11th	
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) Atelectasis		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) Prematurity		DUE TO (c) Premature Labor - Multiple Pregnancy	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		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) m.		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 11 - 14, 19 56 , to 11 - 15, 19 56 , that I last saw the deceased alive on 11 - 15, 19 56 , and that death occurred at 8:30 P.m. , from the causes and on the date stated above.	
23a. SIGNATURE Luther W. Swift		(Degree or title) 2	
23b. ADDRESS 2105 Independence Ave.		23c. DATE SIGNED 11-20-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Destroyed at the Conley Hospital Laboratory		24b. DATE 11-22-56	
24c. NAME OF CEMETERY OR CREMATORY Kansas City, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 12-6-56		REGISTRAR'S SIGNATURE reva minshall	
25. FUNERAL DIRECTOR'S SIGNATURE Conley Hosp. K-C Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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.