

Health, Welfare, Public Service
 800-56
 Doctor, coroner, etc. must use only standard nomenclature in Part 18. The symptoms with reference to death in Part 1 must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Starks J. Williams

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

STATE FILE NUMBER 1278

1875-57 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 237

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD - TDAYS				Length of stay in 18		d. STREET ADDRESS (If outside, give location) 3207 E. 32 nd ST.	
3. NAME OF DECEASED (Type or print) First Middle Last JANIE MARIE GARLINGTON			4. DATE OF DEATH Month Day Year JAN. 15, 1957				
5. SEX 3 FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 8, 1957	9. AGE (In years last birthday) 7	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. 7	
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 country) KANSAS CITY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME OSCAR LEONARD GARLINGTON				14. MOTHER'S MAIDEN NAME BARBARA JEAN GARDNER			
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 OSCAR L. Garlington		Address 3207 E. 32 nd	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Immaturity DUE TO (c) Pneumonia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT-RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 7 days 7635
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from JAN. 8, 1957 to JAN. 15, 1957 and last saw ^{her} him alive on JAN. 15, 1957 Death occurred at 8:40 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Drop or title) Starks J. Williams, M.D.				22b. ADDRESS 2462 A Brooklyn Ave		22c. DATE SIGNED 1-17-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/17/57	23c. NAME OF CEMETERY OR CREMATORY Blueridge Lawn		23d. LOCATION (City, town, or county) (State) KANS. City, Mo.		
24. FUNERAL DIRECTOR Williams Bros. Fun. Hm. 18th & Benton		ADDRESS		25. DATE RECD. BY LOCAL REG. 1-17-57		26. REGISTRAR'S SIGNATURE new minshall	

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 *Bruce P. Watkins*

Licensed Embalmer No. *45*

P. O. Address *12th St. A.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.