

FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH5085
State File No.No. 300
10.48

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>386</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Barton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>7 mo.</u>		c. CITY OR TOWN <u>Hoisington</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Childrens Mercy Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>365 W Broadway</u> <u>415 N 8</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u> b. (Middle) <u>Edward</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 25 57</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>6-18-56</u>			
9. AGE (In years last birthday) <u>7 7</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u>		IF UNDER 24 HRS. Hours <u>7</u> Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Hoisington Kansas</u>			
12. CITIZEN OF WHAT COUNTRY? <u>u.s.a.</u>			13a. FATHER'S NAME <u>Ralph White</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Blackston</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Ralph White</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE, OR, NAME ADDRESS <u>Mr. Ralph White Hoisington Kans.</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>7 mo.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTERNAL HYDROCEPHALUS</u>				DUPLICATE (b) _____					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>7527</u>	
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)		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 <u>6-30 1956</u> , to <u>1-25 1957</u> , that I last saw the deceased alive on <u>1-25 1957</u> , and that death occurred at <u>5-2 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wayne Hart M.D.</u>				23b. ADDRESS <u>1710 Independence ave.</u>				23c. DATE SIGNED <u>1-25-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-25-57</u>		24c. NAME OF CEMETERY-OR CREMATORY <u>-</u>		24d. LOCATION (City, town, or county) (State) <u>Harrison, Ark.</u>			
DATE REC'D BY LOCAL REG. <u>1-25-57</u>		REGISTRAR'S SIGNATURE <u>Reva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Christianity Funeral Home Harrison, Ark.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Wayne Hart

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.