THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 26 1957

8551
STATE FILE NUMBER

2149 14015-57 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1084

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD Life — Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
d. STREET ADDRESS 3102 BENTON (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) — First: INFANT Middle: Last: BENNETT

4. DATE OF DEATH Month Day Year: FEB. 27, 1957

5. SEX FEMALE

6. COLOR OR RACE NEGRO

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH FEB. 27, 1957

9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months Days Hours 9 Min. 34

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) KC, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME CLEMIA JAMES BENNETT

14. MOTHER'S MAIDEN NAME GLADYS LOUISE ESSEX

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Gladys Louise Bennett Address 3102 Benton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) IMMATURITY due To prematurity — INTERVAL BETWEEN ONSET AND DEATH: 7593
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): MULTIPLE CONGENITAL ANOMALIES: VENTRICULAR SEPTAL DEFECT CONGENITAL ABSENCE OF NOSE

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-17-57, to 2-17-57 and last saw her/him alive on 2-17-57
Death occurred at 11:35 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. M. Walden (Degree or title) M.D.
22b. ADDRESS 1738 Troost, KC Mo
22c. DATE SIGNED 3/5/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-9-57
23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Watkins Brothers **ADDRESS** KC, Mo.
25. DATE RECD. BY LOCAL REG. 3-8-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

J. M. Walden

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner, where must use only authorized manufacturer in Part I. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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. (
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.