

FILED JUN 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17404
STATE FILE NUMBER

3769

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 2400

S. 300
v. 1-57

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		c. CITY OR TOWN Raytown	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp		d. STREET ADDRESS (If outside, give location) 9101 East 73rd St.	
Length of stay in 1b 6 1/2 hrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Infant Middle PATRICK G. Last UMSCHEID Jr.			4. DATE OF DEATH Month May Day 22 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 27, 1957	9. AGE (In years last birthday) 21 Months 25 Days 25 Hours Min.	IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and state or country) Kansas City, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Patrick G. Umscheid		13b. MOTHER'S MAIDEN NAME Wilma Sutterlin		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 Address P. G. Umscheid, Raytown, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) Congenital Cyanotic Heart Disease - 2 transposition of the great vessels		
	DUE TO (c)		line birth
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 <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 **March 28, 1957** to **May 22, 1957** and last saw **him** alive on **May 22, 1957**
Death occurred at **10:22** p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE David F Eubank MD (Degree or title)	22b. ADDRESS Raytown Clinic, Raytown, Mo	22c. DATE SIGNED 5/28/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-23-57	23c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery	23d. LOCATION (City, town, or county) (State) Flush, Kansas.
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24. FUNERAL DIRECTOR Melody-McGilley-Eylar Funeral Home	ADDRESS 1800 E. Linwood, K. C., Mo.	25. DATE RECD. BY LOCAL REG. 5-23-57	26. REGISTRAR'S SIGNATURE Neva Minshall
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

David F. Eubank



Dr. David E. Euba

Raytown

FL 3-0100

Dr. might sign at
Hwy

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 *James E. Hoehlema*

Licensed Embalmer No. *4573*

P. O. Address *K.C. Mo.*

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.