

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31424-58

58-018088

State File No.

2334

FILED MAY 29 1958

BIRTH NO. _____ REG. DIST. NO. 148 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2334

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY OR TOWN <u>Hannoverville</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>St. Lukes Hospital</u>		STREET ADDRESS (If rural, give location) <u>700 E</u>	

3. NAME OF DECEASED (Type or Print) <u>Baby Bay</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 58</u>	
a. (First)	b. (Middle)	c. (Last) <u>Coke</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>5-7-58</u>	9. AGE (In years last birthday) <u>16</u> MONTHS <u>56</u> DAYS <u>16</u> HOURS <u>56</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>Kansas City Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U-S</u>				

13a. FATHER'S NAME <u>J.B. Coke</u>	13b. MOTHER'S MAIDEN NAME <u>Sybil Wass</u>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J.B. COKE</u> ADDRESS <u>Hannoverville MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>17 hrs</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ASPIRATION OF AMNIOTIC FLUID</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>atelectasis left lung</u>		20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
*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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>2</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOSPITAL</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>KANSAS CITY JACKSON MO.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 5-7-, 1958 to 5-8-, 1958 that I last saw the deceased alive on 5-8-, 1958, and that death occurred at 12:25 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Raymond B. Anderson MD</u>	23b. ADDRESS <u>411 Nichols Rd</u>	23c. DATE SIGNED <u>5-8-58</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-9-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Orion Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Hannoverville MO</u>		

DATE REC'D BY LOCAL REG. <u>5-8-58</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hannenburg's</u> ADDRESS <u>Hannoverville MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Raymond B. Anderson

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

not embalmed

Student
Signature of Student Embalmer

Signed *Ernest M. Zimmerman*

Licensed Embalmer No. *336*

P. O. Address *Harmon*

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.