

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032641
STATE FILE NUMBER

64151-58
FILED OCT 1 1958
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4332

S. 300
1-57 0

-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 70000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 5908 E. 99th Terr. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Baby Girl Middle Ebel Last Ebel			4. DATE OF DEATH Month August Day 31st Year 1958		
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5. SEX Female	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 August 31st 1958	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 12	IF UNDER 24 HRS. Hours 0 Min. 12
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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.
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13a. FATHER'S NAME Johnnie Victor Ebel	13b. MOTHER'S MAIDEN NAME Barbara Alice Tarriff	14. NAME OF HUSBAND OR WIFE none
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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 Barbara Ebel Address 5908 E 99th Terr
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 776+
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) Cause unknown		
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? 1 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.)
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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 _____
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21. I attended the deceased from Death occurred at 8-31-58 10:40 AM on the date stated above; and to the best of my knowledge, from the causes stated. I attended the deceased from 8-31-58 to 8-31-58 and last saw her alive on 8-31-58
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22a. SIGNATURE (Degree or title) William L. Doane MD	22b. ADDRESS Grandview, Mo	22c. DATE SIGNED 9-1-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Returned 8/31/58	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY BABY GIRL EBEL WAS RELEASED TO THE MENORAH MEDICAL CENTER - PATHOLOGY DEPARTMENT FOR SCIENTIFIC STUDIES	23d. LOCATION (City, town, or county) (State) new minshall
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24. FUNERAL DIRECTOR 9-11-58	REGISTRAR'S SIGNATURE new minshall
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All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
William L. Doane

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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.