

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001440  
STATE FILE NUMBER

FILED FEB 5 1959

Registration District No. 149 Primary Registration District No. 205 Registrar's No. 372

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Downtown Hospital</b>		Length of stay in lb <b>6 1/2 hrs.</b>	d. STREET ADDRESS (If outside, give location) <b>3345 College</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>Infant Mitchell</b>			4. DATE OF DEATH Month <b>1</b> Day <b>19</b> Year <b>59</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-19-59</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>	
13. FATHER'S NAME <b>William Mitchell</b>		14. MOTHER'S MAIDEN NAME <b>Joan Arden Butler</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Joan A. Mitchell (Mother) - 3345 College</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory difficulty</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Congenital respiratory defect</b>	
	DUE TO (c) <b>Pneumonia thorax</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>none</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <b>4:03 AM</b> Month <b>1</b> Day <b>19</b> Year <b>59</b> a. m. p. m.		

20d. INJURY OCCURRED WHILE AT WORK <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.) <b>1-19-59</b>	20f. CITY, TOWN, OR LOCATION <b>1-19-59</b>	COUNTY	STATE
21. I attended the deceased from <b>4:03 AM - 1-19-59</b> to <b>8:35 AM - 1-19-59</b> and last saw her alive on <b>1-19-59</b> Death occurred at <b>8:35 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>C. A. Weltscheff</b> (Degree or title)		22b. ADDRESS <b>217 Plaza Med Bldg KEMO</b>		22c. DATE SIGNED <b>1-20-59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-21-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Mary's Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kans City, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Watkins Bros. 18th &amp; Benton</b>		25. DATE RECD. BY LOCAL REG. <b>1-20-59</b>	26. REGISTRAR'S SIGNATURE <b>neve menishall</b>

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
M. D.  
C. A. Weltscheff

Disorders in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

1914

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Anna R. Watkins*

Licensed Embalmer No... 4

P. O. Address... 15th St

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.