

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005776

STATE FILE NUMBER 595

FILED FEB 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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 mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City mo
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside		Length of stay in 1b 1 hr - 30 min	d. STREET ADDRESS (If outside, give location) 2804 Charlotte
3. NAME OF DECEASED (Type or print) First Middle Last O Bryan			4. DATE OF DEATH Month Day Year January 31-1959
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 January 31-1959
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, if UNDER 1 YEAR, if UNDER 24 HRS. last birthday) Months Days Hours Min. 1 30
11. BIRTHPLACE (City and state or country) Kansas City Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Bud O'Bryan		13b. MOTHER'S MAIDEN NAME Janice Schimmel	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 mother - Address Janice Schimmel - 2804 Charlotte Kansas City 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) Congenital atelectasis DUE TO (b) Prematurity (7mos baby) DUE TO (c) Placenta previa PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cleft palate, Cleft lip, Congenital 2nd colon			INTERVAL BETWEEN ONSET AND DEATH
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.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-31-59 to 1-31-59 and last saw him alive on Jan 31, 1959 Death occurred at 11:35 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. H. Crouch (Degree or title)		22b. ADDRESS 2804 Charlotte Kansas City Mo	22c. DATE SIGNED 1-31-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-1-59	23c. NAME OF CEMETERY OR CREMATORY Carroll Memory Garden	23d. LOCATION (City, town, or county) (State) Verellton Mo
24. FUNERAL DIRECTOR Marshall Funeral Home		25. DATE RECD. BY LOCAL REG. 1-31-59	26. REGISTRAR'S SIGNATURE neva minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

R. H. Crouch

Locality, container, etc. must use only standard nomenclature in Part I. All diseases in Part I must be causally related.

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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4469
P. O. Address Parrocks, Ga.

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.