RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032554

STATE FILE NUMBER

FILED OCT 13 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4728

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Conley Clinic
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1201 Allen
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: INFANT Middle: Last: ROETTO
4. DATE OF DEATH: Month: September Day: 28 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-27-1959
9. AGE (last birthday)
IF UNDER 1 YEAR: Months: Days: 1
IF UNDER 24 HR: Hours: Min.:
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: Mitchell Roetto
13b. MOTHER'S MAIDEN NAME: Lela Butts
14. NAME OF HUSBAND OR WIFE: Infant
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mitchell Roetto Address: 1201 Allen Kansas City Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): atelectasis due to prematurity — INTERVAL BETWEEN ONSET AND DEATH: day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Sept 27, 1959 to Sept 24, 1959 and last saw her/him alive on Sept 28, 1959
Death occurred at 1:37 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Charles Glass (Degree or title) D.O.
22b. ADDRESS: 808 West 17 St
22c. DATE SIGNED: 9/29/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Sept 29 1959
23c. NAME OF CEMETERY OR CREMATORY: Goodhope Cemetery
23d. LOCATION (City, town, or county) (State): Marshfield Missouri

24. FUNERAL DIRECTOR: Butler Edwards Home ADDRESS: Marshfield Mo
25. DATE RECD. BY LOCAL REG.: 9-29-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Charles Glass

DOCUMENT

Dr. Chas. Elson
808 W. 17th

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ not embalmed by or by Not Embalmed, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas E. Wicks

Licensed Embalmer No. 2644

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.