

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. DEC 10 1959 149

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

5662

59-039895

STATE FILE NUMBER

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) KANSAS City		Length of stay in 1b 7 Hours	c. CITY OR TOWN KANSAS City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 4237 Highland ST. MARYS Hosp		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last INFANT DAVID WAYNE Ash			4. DATE OF DEATH Month Day Year Nov. 23, 1959			
5. SEX MALE	6. COLOR OR RACE CAUC.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 22 1959 7 mos.	9. AGE (last birthday) 7 mos.	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) KANSAS City MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Roy E. Ash		13b. MOTHER'S MAIDEN NAME Alice Lloyd		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 Roy E. Ash	Address 4237 Highland		
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 8 1/2 months Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Premature Rupture of Membranes DUE TO (c) Premature Rupture of Membranes 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH 7 hours	
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 Month, Day, Year 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from 11/22/59 to 11/23/59 and last saw him alive on 11/23/59 Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Edson C. Carriss, M.D.			22b. ADDRESS 2420 Plaza Hill Bldg.		22c. DATE SIGNED 11/23/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 24, 1959	23c. NAME OF CEMETERY OR CREMATORY Forest Hill		23d. LOCATION (City, town, or county) (State) KANSAS City Missouri		
24. FUNERAL DIRECTOR Muehlebach		ADDRESS 6800 Troost	25. DATE RECD. BY LOCAL REG. 11-24-59	26. REGISTRAR'S SIGNATURE Thera Marshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Edson C. Carriss

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed R. E. Nichols

Licensed Embalmer No. 4994

P. O. Address H. P. VA

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