

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017692

AMENDED 3066 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2454 STATE FILE NUMBER

FILED JUN 5 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hoop		d. STREET ADDRESS (If outside, give location) 35 1/2 Troost	

3. NAME OF DECEASED (Type or print) (Newborn Male) First Middle Last Oudin			4. DATE OF DEATH Month Day Year 2 19 61		
5. SEX Male	6. COLOR OF 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 2-18-61	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) newborn infant		10b. KIND OF BUSINESS OR INDUSTRY T.C. Missouri		12. CITIZEN OF WHAT COUNTRY USA.	
11. BIRTHPLACE (City and state or country)		14. NAME OF HUSBAND OR WIFE (See Barr)			
13. FATHER'S NAME Charles Oudin		13b. MOTHER'S MAIDEN NAME Sarah E. Oudin		14. NAME OF HUSBAND OR WIFE (See Barr)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. —		17. INFORMANT Address Charles Oudin, 35 1/2 Troost	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) premature			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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 a.m. p.m. Month, Day, Year		

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 2-18-61 to 2/19/61 and last saw him alive on 2-19-61		
Death occurred at 10:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) [Signature]	22b. ADDRESS 2400 Cherry City 2/19/61	22c. DATE SIGNED 2/19/61
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 5-19-61	23c. NAME OF CEMETERY OR CREMATORY Fields
23d. LOCATION (City, town, or county) Kansas City MO		(State)
24. GENERAL DIRECTOR [Signature]	25. DATE RECD. BY LOCAL REG. 5-18-61	26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO.
SHOULD READ

Frank Ellis

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 Anna Robinson

Licensed Embalmer No. 3089

P. O. Address N.C. Me

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.