MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038880

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5453

FILED NOV 9 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

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 General Hospital — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 631 Euclid Ave. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First KATHY Middle MARIE Last Newton
Female Infant

4. DATE OF DEATH Month 10 Day 26 Year 62

5. SEX Fe
6. COLOR OR RACE White
7. Married ☐ Never Married X Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10/25/62
9. AGE (last birthday) 0
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 -------
11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME EUGENE NEWTON
13b. MOTHER'S MAIDEN NAME VELMA EMMERICH
14. NAME OF HUSBAND OR WIFE -------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) -------
16. SOCIAL SECURITY NO. NONE
17. INFORMANT EUGENE NEWTON Address 631 Euclid

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pre-Maturity — INTERVAL BETWEEN ONSET AND DEATH
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 10-25-62, to 10-26-62 and last saw her/him alive on 10-26-62
Death occurred at 10:46 AM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. Frank Ellis (Degree or Title) M.D.
22b. ADDRESS 2400 CHERRY STREET KANSAS CITY, MISSOURI
22c. DATE SIGNED 10/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE OCT. 27, 1962
23c. NAME OF CEMETERY OR CREMATORY ENLOE CEMETERY
23d. LOCATION (City, town, or county) (State) RUSSELLVILLE MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS
ADDRESS 1331 BRUSH CR. KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 10-27-62
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harold L. Echternacht

Licensed Embalmer No. 3035

P. O. Address [illegible] Kansas

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.