

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-040195**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

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| VS 300<br>Rev. 4/59 | DATE AMENDED |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Bailey C. Attylus

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5788

**FILED NOV 7 1963**

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>BATES</u>                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kansas City</u>  |   | Length of stay in 1b<br><u>28 Hrs</u>   | c. CITY OR TOWN <u>BUTLER</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>ST Lukes Hospital</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>411 So. MECHANIC</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>    |
| 3. NAME OF DECEASED (Type or print)<br>First <u>BABY</u> Middle <u>BOY</u> Last <u>Thompson</u>  |   | 4. DATE OF DEATH<br>Month <u>10</u> Day <u>24</u> Year <u>63</u>  |  |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W</u>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10-23-63</u>   |
| 9. AGE (last birthday)<br>Months <u>4</u> Days <u>1</u>  |   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>BABY</u>   |  |
| 11. BIRTHPLACE (City and state or country)<br><u>Kansas City MO.</u>   |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME<br><u>L.W. Thompson JR.</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>NORMA SWEARANS</u>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>—</u>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) If yes, give war or dates of service<br><u>No</u>                                      |  |
| 16. SOCIAL SECURITY NO.<br><u>—</u>  |   | 17. INFORMANT<br><u>L.W. Thompson JR.</u> Address <u>Butler, 411 So. Mechanic</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Prematurity with Respiratory insufficiency</u>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>18 hr</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>10/23/63</u> to <u>10/24/63</u> and last saw her alive on <u>10/24/63</u><br>Death occurred at <u>1:25 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Bailey C. Attylus M.D.</u>  |   | 22b. ADDRESS<br><u>4320 Wornall Rd. R.C. 170</u>  | 22c. DATE SIGNED<br><u>10/25/63</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>   | 23b. DATE<br><u>10-25-63</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>OAK PARK CEMETERY</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>BUTLER, MISSOURI</u>   |
| 24. FUNERAL DIRECTOR<br><u>CULVER UNDERWOOD FUNERAL HOME</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>10-25-63</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Bessie Smith</u>   |

(Licensed Embalmer's Statement on Reverse Side)

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**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 Farrest D. Goldanow

Licensed Embalmer No. 4714

P. O. Address K.C. Mo.

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.