

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1395

State File No.

BIRTH NO. 49-002231 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 288

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>14 days</u>		d. STREET ADDRESS (If rural, give location) <u>ELMA 2621 ELMA ST.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Childrens Mercy Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael Gene</u> b. (Middle) <u>Rathburn</u> c. (Last) <u>Rathburn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>19</u> <u>1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>?</u>	8. DATE OF BIRTH <u>Jan 5-1949</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Woody Rathburn</u>	13b. MOTHER'S MAIDEN NAME <u>Norma Jean Rogers</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr Woody Rathburn</u>	ADDRESS <u>2621 Elma</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Intracranial hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adrenal Cortical Insufficiency</u> DUE TO (c) <u>None</u>		<u>14 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>603</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>U</u>

22. I hereby certify that I attended the deceased from Jan 16, 1949, to Jan 19, 1949, that I last saw the deceased alive on Jan 19, 1949, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>St. Lukes Hosp. Kansas City, Mo</u>	23c. DATE SIGNED <u>1-19-49</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan-20-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>1-20-49</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs C L Foster</u>	ADDRESS <u>918 Brooklyn</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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
Student Embalmer

Signed

Joe B. Goder

Licensed Embalmer No. *4173*

P. O. Address: *KC. 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 this body is not embalmed, fact should be so stated above.