

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23633**
2903

BIRTH NO. **28695-49** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1001** Registrar's No. **2903**

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, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 7 weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		4. DATE OF DEATH (Month) (Day) (Year) July - 2 1949
d. FULL NAME OF HOSPITAL OR INSTITUTION The Willows			d. STREET ADDRESS (If rural, give location) 2929 Main St.		
3. NAME OF DECEASED (Type or Print) Kevin			a. (First)	b. (Middle)	c. (Last) Sevcik
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH May 14, 1949		9. AGE (To years last birthday) 1 16/8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? United State
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Mildred Agnes Sevcik		14. NAME OF HUSBAND OR WIFE Infant	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Agnes Sevcik 2929 Main St.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7544				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 14th, 1949 , to July 2, 1949 , that I last saw the deceased alive on June 25, 1949 , and that death occurred at 1:20 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H.L. Dwyer H.L. Dwyer M.D.			23b. ADDRESS 317 Alameda Rd.		23c. DATE SIGNED July 2, '49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 5, 1949	24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 7-5-49	REGISTRAR'S SIGNATURE Deraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILKS FUNERAL HOME 2315 Linwood K. C. Mo		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} ~~was~~ embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Charles W. Wilks

Licensed Embalmer No. 2644

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.