

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30373**
3740

FILED SEP 17 1949

BIRTH NO. 57524-49 REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3740

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</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>MISSION, KANSAS</u>	
c. LENGTH OF STAY (In this place) <u>48 hours</u>		d. STREET ADDRESS (If rural, give location) <u>4310 WEST 71st Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) <u>INFANT</u>			a. (First) <u>KIMBER</u>		b. (Middle)		c. (Last)		4. DATE OF DEATH <u>AUGUST 29, 1949</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>AUGUST 27, 1949</u>		9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 14 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>				11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MO.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>DONALD KIMBER</u>			13b. MOTHER'S MAIDEN NAME <u>LEONE ZOCHOLL</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DONALD KIMBER * 4310 W. 71st, Johnson Co.</u>				ADDRESS <u>Kansas</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGENITAL HEART DISEASE - Type</u>		<u>Tetralogy of Fallot, with circulatory failure.</u>						<u>36 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) <u> </u>							
		DUE TO (c) <u> </u>							
		11. 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>7540</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)	
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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?	
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22. I hereby certify that I attended the deceased from August 27, 1949, to August 29, 1949, that I last saw the deceased alive on August 28, 1949 and that death occurred at 4:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Raymond W. Latham, M.D.</u>		23b. ADDRESS <u>231 W. 47th St. Kansas City 2, Missouri</u>		23c. DATE SIGNED <u>8-29-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/29/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>8-30-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Trink and Robin</u>		ADDRESS <u>20 W. Linwood</u>	
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Mr. Rathbone
286 Plaza Theatre Bldg.

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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
Student Embalmer

Signed Maudie Adams

Licensed Embalmer No. 4016

P. O. Address 20 24. Lincoln

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.