

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43781  
State File No. ....

BIRTH NO. 86363-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5580

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>life</b>		d. STREET ADDRESS (If rural, give location) <b>2018 E. 7th St. K. C. Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Conley Maternity Hospital</b>			

3. NAME OF DECEASED a. (First) <b>Carolyn</b> (Type or Print)			b. (Middle) <b>Jo</b>			c. (Last) <b>Ribando</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 17 49</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>		8. DATE OF BIRTH <b>12-17-49</b>			9. AGE (in years last birthday) <b>3</b>		IF UNDER 1 YEAR Months <b>12</b>	IF UNDER 24 HRS. Days <b>17</b>	IF UNDER 24 HRS. Hours <b>49</b>	IF UNDER 24 HRS. Min. <b>36</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Joseph Charles Ribando</b>			13b. MOTHER'S MAIDEN NAME <b>Carolyn Lillian Maggio</b>			14. NAME OF HUSBAND OR WIFE <b>---</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>---</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Carolyn Ribando</b>		ADDRESS <b>2018 E. 7th St.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory failure</b>							
		ANTECEDENT CAUSES DUE TO (b) <b>Immaturity</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>							
		DUE TO (c) <b>Birth before Viable age</b>							
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						<b>7735</b>	

19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>none</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>none</b>	
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22. I hereby certify that I attended the deceased from 12-17, 1949, to 12-17, 1949, that I last saw the deceased alive on 12-17, 1949, and that death occurred at 5:55a m., from the causes and on the date stated above.

23a. SIGNATURE <b>Luther W. Swift</b>		(Deputy or title)		23b. ADDRESS <b>2105 Indep Ave</b>		23c. DATE SIGNED <b>12-18-49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>retained</b>		24b. DATE <b>Retained in embrology lab. for study</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Kansas City, Mo.</b>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <b>12-31-49</b>		REGISTRAR'S SIGNATURE <b>Thereldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Conley Maternity Hospital</b>		ADDRESS <b>K. C. Mo.</b>	
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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.