

S. No. 300
V. 10.48

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8942

BIRTH NO. 15076-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 837

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) township) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 3429 Tracy Avenue			

3. NAME OF DECEASED (Type or Print) a. (First) Infant			b. (Middle)			c. (Last) PRINE			4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1950				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Feb. 15, 1950			9. AGE (In years last birthday): Months 4		If UNDER 1 YEAR Days 4	If UNDER 2 HRS. Hours 4	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Kansas City, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME James Edw. Prine, Jr.		13b. MOTHER'S MAIDEN NAME Mary Wanda Springer		14. NAME OF HUSBAND OR WIFE	
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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) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mr. J. E. Prine, Jr.		ADDRESS 3429 Tracy, K.C., Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia						4 days	
		ANTECEDENT CAUSES							
		DUE TO (b) Nasal obstruction							
		DUE TO (c) Deformity Palate							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. Prematurity							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 75						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) 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 Feb 15, 1950 to Feb 19, 1950, that I last saw the deceased alive on Feb 19, 1950, and that death occurred at 2:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE Roy F. Garrison		(Degree or title) m. d.		23b. ADDRESS 3011A Independence Ave		23c. DATE SIGNED 2-23-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-21-50		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 2-23-50		REGISTRAR'S SIGNATURE Staldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS Kansas City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

~~Dr. Robert Schantz~~
~~411 Alameda~~

12-7-75
Dr. Garrison
3011 a Sandy. Ave.
Ch 7782

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Elmer E. Heck

Signed.....
Student Embalmer

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.