

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23517
State File No.

BIRTH NO. 40915-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2978

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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Independence	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 10205 East 18th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Maternity Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Baby Boy B b. (Middle) Dow c. (Last) Dow			4. DATE OF DEATH (Month) (Day) (Year) 6 - 23 - 50		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 6 - 23 - 50	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 3 Days 40	IF UNDER 24 HRS. Hours 3 Min. 40
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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) Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Allen Richard Dow	13b. MOTHER'S MAIDEN NAME Edna May Dye	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. -	17. INFORMANT'S SIGNATURE OR NAME Edna May Dye ADDRESS Mo.
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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>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) Premature rupture of membranes		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			774X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION autopsy Prematurity	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 **6 - 23 - 1950**, to **6 - 23 - 1950**, that I last saw the deceased alive on **6 - 23 - 1950**, and that death occurred at **4:13pm.**, from the causes and on the date stated above.

23a. SIGNATURE Lee E. Davidson (Degree or title) D.O.	23b. ADDRESS 2105 Independence	23c. DATE SIGNED 6-23-50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6 - 23 - 50	24c. NAME OF CEMETERY OR CREMATORY K. C. C. O. S. Pathology Lab.	24d. LOCATION (City, town, or county) (State) Kansas City 1, Mo.
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DATE REC'D BY LOCAL REG. 7-7-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE K.C.C. O. Pathology K.C. Mo ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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.