

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 65123-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4089

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Menard Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas b. COUNTY Johnson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Missouri 8150
d. STREET ADDRESS (If rural, give location) 6509 High Drive 8 K

3. NAME OF DECEASED
a. (First) BABY b. (Middle) BOY c. (Last) Durwood

4. DATE OF DEATH (Month) (Day) (Year) 9-17-50

5. SEX M 6. COLOR OR RACE white

7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED (Specify)) infant

8. DATE OF BIRTH Sept. 16, 1950

9. AGE (In years last birthday) 1 day
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 10 HRS.: Hours _____ 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) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Stanley H. Durwood

13b. MOTHER'S MAIDEN NAME Genevieve Zarr

14. NAME OF HUSBAND OR WIFE Infant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Infant

16. SOCIAL SECURITY NO. Infant

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mr. Stanley H. Durwood, 6509 High Drive,

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
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atalectasis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c) _____
11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

70⁺5

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1950, to Sept 17, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:45 P m., from the causes and on the date stated above.

23a. SIGNATURE Robert C. Swisher (Degree or title) Robert C. Swisher M.D.

23b. ADDRESS 5509 Brookside Blvd

23c. DATE SIGNED Sept 19 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE 9/27/50

24c. NAME OF CEMETERY OR CREMATORY Elmwood

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 9-27-50 REGISTRAR'S SIGNATURE Maldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS STINE & McCLURE, Kansas City, Missouri

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Max E. Meyer*

Licensed Embalmer No. *4555*

P. O. Address *Hammond City, Va.*

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.