

FILED JAN 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. **41021**
5511

BIRTH NO. 81095-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</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>Kansas City 3198</u>	
c. LENGTH OF STAY (In this place) <u>16 hrs. 25 min.</u>		d. STREET ADDRESS (If rural, give location) <u>430 East 10th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sandra</u> b. (Middle) <u>Kay</u> c. (Last) <u>Steck</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-23-50</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>12-22-50</u>		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>16</u> IF UNDER 24 HRS. Min. <u>25</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZENSHIP (What country?) <u>U.S.</u>		

13a. FATHER'S NAME <u>James Wallace Steck</u>		13b. MOTHER'S MAIDEN NAME <u>Wilma Helen Bortee</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>James Steck</u>	
				ADDRESS <u>4430 E. 15th</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Vaginal Bleeding</u>		n4X 71	
DUE TO (c) <u>Former Hysterotomy</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>died in hospital in 24 hours</u>			

19a. DATE OF OPERATION <u>12-22-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cesarean Section</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 12-22, 1950, to 12-23, 1950, that I last saw the deceased alive on 12-23, 1950, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. F. Pendleton</u>		23b. ADDRESS <u>933 Prof Bldg</u>		23c. DATE SIGNED <u>12-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kan.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. E. Wheeler</u>		ADDRESS <u>K.C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-29-50</u>		REGISTRAR'S SIGNATURE <u>Thelma Holmes</u>			

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.

..... Student Embalmer No.

Signed.....

D. E. Weirick

Signed.....
Student Embalmer

Licensed Embalmer No. *4075*

P. O. Address. *K.C. 8, 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.