

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1997
69

BIRTH NO. 49574-50 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3826 Registrar's No. 69

04850

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

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 Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Brookings 0480	
c. LENGTH OF STAY (in this place) 24 hrs.		d. STREET ADDRESS (If rural, give location) 5619. Harvard	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium			

3. NAME OF DECEASED (Type or Print) a. (First) Douglas b. (Middle) Taylor c. (Last) McCall			4. DATE OF DEATH (Month) (Day) (Year) Jan-30-1951		
5. SEX Male		6. COLOR & RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single - U	
8. DATE OF BIRTH Aug 9, 1950		9. AGE (In years last birthday) 5		10. IF UNDER 1 YEAR Days 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri	
				12. CITIZENRY OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Francis Marion McCall		13b. MOTHER'S MAIDEN NAME Naidene Taylor		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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Francis Marion McCall Raytown 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure, Acute			INTERVAL BETWEEN ONSET AND DEATH 30 min
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchopneumonia			36 hrs.
		DUE TO (c) Congenital Obstruction of Larynx			4-5 mos.
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7590

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Minute)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE D.E. Ueber (Degree or title) MD		23b. ADDRESS Independence, Mo		23c. DATE SIGNED 1/31/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 1 - 1951		24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem.	
				24d. LOCATION (City, town, or county) (State) Jackson Co. Missouri	

DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE James H. Gray 354		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. Clark Hegen Raytown Mo	
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MAR 2

REED

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 *Clark Heger*

Licensed Embalmer No. *3983*

P. O. Address *Raytown 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.