

FILED AUG 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 27138  
3322

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cerebral Palsy Center</u>				d. STREET ADDRESS (If rural, give location) <u>3525 Jefferson</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Pressley</u> c. (Last) <u>Prescott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 3 1951</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>		8. DATE OF BIRTH <u>Sept. 12, 1946</u>		
9. AGE (In years last birthday) <u>4</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____				
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) <u>Hopkins, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Robert Prescott</u>			13b. MOTHER'S MAIDEN NAME <u>Lydia Pressley</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>Lydia Prescott</u> ADDRESS <u>3525 Jefferson</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest from convulsion</u>  ANTECEDENT CAUSES <u>Cerebral Palsy</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  3344					INTERVAL BETWEEN ONSET AND DEATH <u>two hours</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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 <u>June</u> , 19 <u>50</u> , to <u>August 3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>August 3</u> , 19 <u>51</u> , and that death occurred at <u>3:35 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R.E. Bruner</u> (Degree or title) <u>MD. MD</u>				23b. ADDRESS <u>3811 Broadway</u>		23c. DATE SIGNED <u>8/3/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-3-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Madisonville Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Madisonville, Ky.</u>		
DATE REC'D BY LOCAL REG. <u>8-3-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holman</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Carroll Brod</u> ADDRESS <u>EC MO</u>			

(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

*J. S. Walton*

Licensed Embalmer No. *2744*

P. O. Address *H. C. 2nd*

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.