

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27154**
3449

FILED SEP 1 1951

BIRTH NO. _____ 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 admission) a. STATE <u>IOWA</u> b. COUNTY <u>Fayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DELWEIN</u>	
c. LENGTH OF STAY (in this place) <u>2 wks</u>		8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEREBRAL Palsy CENTER</u>		d. STREET ADDRESS (If rural, give location) <u>322 9th Ave. S.W.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LINDA</u> b. (Middle) <u>Kaye</u> c. (Last) <u>Retz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 11 51</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>5-16-48</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Donald Kaye Retz</u>	13b. MOTHER'S MAIDEN NAME <u>ERANA ?</u>	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) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virginia C. Bruner</u> ADDRESS <u>Delwein</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>about 5 mos of age</u> 344X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cardiac ARREST</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL Palsy</u> DUE TO (c) <u>Encephalitis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) _____	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 June 19, 1951, to Aug. 11, 1951, that I last saw the deceased alive on Aug 11, 1951, and that death occurred at 12:14P m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. E. Bruner</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>3811 Broadway, K.C. Mo.</u>	23c. DATE SIGNED <u>8/11/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>Aug 12, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DELWEIN, IOWA</u>	24d. LOCATION (City, town, or county) (State) <u>Delwein IOWA</u>
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DATE REC'D BY LOCAL REG. <u>8-11-51</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Passantino Bros</u> ADDRESS <u>Delwein</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 10 1954

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

Francis Walton

Licensed Embalmer No. *2744*

P. O. Address *K C 1160*

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.