

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33535

State File No.

FILED OCT 20 1951
BIRTH NO. 68524-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4254

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) 3 1/2 days
c. CITY (If outside corporate limits, write RURAL and give township) Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital
d. STREET ADDRESS (If rural, give location) 3301 Campbell

3. NAME OF DECEASED
a. (First) Unnamed b. (Middle) Male c. (Last) Elgin
4. DATE OF DEATH (Month) (Day) (Year) 10 2 51

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 8. DATE OF BIRTH 10-2-51
9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months 1 Days 49 IF UNDER 24 Hrs. Min. 1
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) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Gustavus Samuel Elgin 13b. MOTHER'S MAIDEN NAME Margaret Venita Rodgers 14. NAME OF HUSBAND OR WIFE Margaret Elgin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Margaret Elgin ADDRESS 3301 Campbell

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) agenesis of the kidneys
ANTECEDENT CAUSES
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.
INTERVAL BETWEEN ONSET AND DEATH: 7573

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 10-2-51 to 10-2-51, 1951, that I last saw the deceased alive on 10-2-51, and that death occurred at 4:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE Jack H. Hill (Degree or title) _____ 23b. ADDRESS M. D. 3001 Wyandotte St. Kansas City, Mo. 23c. DATE SIGNED 6 Oct 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct. 4, 1951 24c. NAME OF CEMETERY OR CREMATORY St. Moriah Cemetery 24d. LOCATION (City, town, or county) (State) Jackson Co., Missouri

DATE REC'D BY LOCAL REG. 10-6-51 REGISTRAR'S SIGNATURE Heraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE Clark Regent ADDRESS Raytown, Mo.

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Clark Hegert

Signed.....
Student Embalmer

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.