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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37626

State File No.

FILED DEC 15 1951

BIRTH NO. 05687-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5090

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 OR TOWN <u>Kansas City</u>)	c. LENGTH OF STAY (in this place) township) <u>1 day</u> hrs	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>General Hospital #2</u>		d. STREET ADDRESS (If rural, give location) <u>1101 Garfield Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>(Infant)</u> b. (Middle) c. (Last) <u>Trent</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 12 51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>11-11-51</u>
9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>4</u>	IF UNDER 4 HRS. Hours <u>4</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>America</u>		13a. FATHER'S NAME <u>Rennie Lee Trent</u>	
13b. MOTHER'S MAIDEN NAME <u>Lena Clift</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) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lena Trent</u>		ADDRESS <u>1101 Garfield</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurely</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) _____		
DUE TO (c) _____		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 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

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22. I hereby certify that I attended the deceased from 11-11-51, 1951, to 11-12-51, 1951, that I last saw the deceased live on 11-11-51, 1951, and that death occurred at 5:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. Frank Ellis MD</u>	23b. ADDRESS <u>600 East 22nd Street</u>	23c. DATE SIGNED <u>11</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-27-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leeds</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. A. Johnson MD</u>
DATE REC'D BY LOCAL REG. <u>11-27-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	ADDRESS <u>MO</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

Wm. A. Lohmeyer

Student Embalmer.....

Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address *N C MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.