.S. No. 300
EV. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1539

8064-52

FILED JAN 25 1952

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 180

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Conley Maternity Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Intercity District
d. STREET ADDRESS (If rural, give location): 8911 Thompson, Kansas City 3, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Christina
b. (Middle): Lynn
c. (Last): Utter

4. DATE OF DEATH (Month): 1 (Day): 11 (Year): 52

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 1-5-52

9. AGE (In years last birthday): If under 1 year: Months; Days: 6; If under 1 hr.: Hours: 23; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ROBERT DENNY

13b. MOTHER'S MAIDEN NAME: Mary Frances Utter

14. NAME OF HUSBAND OR WIFE: NONE.

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.: —

17. INFORMANT'S SIGNATURE OR NAME: Mary Utter
ADDRESS: 8911 THOMPSON

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) Feeble Musculature of Respiration — 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) Prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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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) m.

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* 1-5, 1952, *to* 1-11-, 1952, *that I last saw the deceased alive on* 1-11-52, 19___, *and that death occurred at* 11:25Pm., *from the causes and on the date stated above.*

23a. SIGNATURE Lee E. Davidson (Degree or title): D.O.
Lee E. Davidson D.O.

23b. ADDRESS: 2105 Independence Ave

23c. DATE SIGNED: 1-12-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 1-14-52

24c. NAME OF CEMETERY OR CREMATORY: MAPLE HILL

24d. LOCATION (City, town, or county) (State): K.C. KANS.

DATE REC'D BY LOCAL REG.: 1-12-52

REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE: SIMMONS

ADDRESS: KC. KANS.

(Licensed Embalmer's Statement on Reverse Side)

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 Max C. Meyer

Signed.....
Student Embalmer

Licensed Embalmer No. 45155

P. O. Address K.C. K.

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.