

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 4 1952  
V FILED AUG 1 9 1952  
BIRTHPLACE \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3063

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Woodruff</i>	
b. CITY OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
c. LENGTH OF STAY (in this place) <i>30 min</i>		d. STREET ADDRESS (If rural, give location) <i>2200 N. 13th St. X</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Osteroth Hospital</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>7-5-1952</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Infant of Mrs. Mrs. Donald MacRae</i>	b. (Middle)	c. (Last)	5. SEX <i>M.</i>
6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Never married</i>	8. DATE OF BIRTH <i>7-5-1952</i>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 100 Hrs. Mins. <i>30</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>K. C. Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>

13a. FATHER'S NAME <i>Donald E. MacRae</i>	13b. MOTHER'S MAIDEN NAME <i>Lula Maurine Partain</i>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Donald E. MacRae</i> ADDRESS <i>K.C.H.</i>

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  <i>3 mos</i>  <i>70</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Prematurely @ 6 1/2 mos</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Abruptio Placenta</i> <i>with membrane</i> DUE TO (c) <i>alteration</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>unknow.</i>			

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)	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 *6:05 A., 1952* to *6:30 P., 1952*, that I last saw the deceased alive on *July 5, 1952*, and that death occurred at *1:24 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Margaret Jones DO</i>	23b. ADDRESS <i>2926 E. 11th St. K.C. Mo.</i>	23c. DATE SIGNED <i>7-5-52</i>
24a. BURIAL CREMA TION REMOVAL (Specify)	24b. DATE <i>7-5-1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Highland Park</i>
24d. LOCATION (City, town, or county) (State) <i>Kansas City Kansas</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Geraldine Holmes</i>	25b. ADDRESS <i>K.C.H.</i>
DATE REC'D BY LOCAL REG. <i>7-5-52</i>	REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

Chorion

**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 Phil. C. Wilson

Licensed Embalmer No. 3135

P. O. Address Hannover, N.H.

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.