

FILED OCT 11 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4307

BIRTH NO. 69053 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jacobsen</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>LEXINGTON</u>	
c. LENGTH OF STAY (In this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>26 W SOUTH ST. N</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Conly Clinical Hosp</u>			

3. NAME OF DECEASED (Type or Print) <u>CHARLES LEROY NORDSIECK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 1, 1952</u>		
5. SEX <u>M</u>		6. COLOR OF RACE <u>Wh.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Sept 28, 1952</u>		9. AGE (In years last birthday) <u>7</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <u>Leroy Nordsieck</u>		13b. MOTHER'S MAIDEN NAME <u>Bladyville O'Donle</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leroy Nordsieck</u> ADDRESS <u>Lexington Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral aletectasis of all portions of lungs except lower right lobe.</u>				<p>76¹⁵</p>	
		DUE TO (b) <u>Immaturity.</u>					
		DUE TO (c) <u>Premature labor due to premature rupture of membranes following a bus trip.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (Min)		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 Sept. 28, 1952, to Sept. 30, 1952, that I last saw the deceased alive on Sept. 30, 1952 and that death occurred at 10:00pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Luther W. Swift</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>2105 Indep Ave</u>		23c. DATE SIGNED <u>10/3/52</u>	
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24a. BURIAL, CREMATION, OR REMOVAL <u>Burial</u>		24b. DATE <u>10-2-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wickliff Cem Lexington Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-2-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Tarsantino Bros</u>		ADDRESS <u>LC-Mo</u>	

(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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Francis S. Wacton

Licensed Embalmer No. 2744

P. O. Address Ke-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.