

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

31806

4051

BIRTH NO. 69107 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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 township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>life</u>	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>1126 INDEPENDENCE</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>INFANT</u> b. (Middle) <u>*****</u> c. (Last) <u>PEYTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPTEMBER 6, 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>SEPTEMBER 4, 1952</u>		9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u>2</u> IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>-</u>	13b. MOTHER'S MAIDEN NAME <u>Jessie Elaine Peyton</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>			
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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 ADDRESS <u>JESSIE ELAINE PEYTON 1126 INDEPENDENCE</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>IMMATURITY</u>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>IMMATURITY</u>	ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>PREMATURITY</u>				
	DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				776X

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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?			

22. I hereby certify that I attended the deceased from SEPT. 4, 1952, to SEPT. 6, 1952 that I last saw the deceased alive on SEPT. 6, 1952, and that death occurred at 6:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank E. ... MD</u> (Degree or title)	23b. ADDRESS <u>600 E. 22ND. STREET</u>		23c. DATE SIGNED <u>9/8/52</u>
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24a. BURIAL CREMASTION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-10-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fields</u>	24d. LOCATION (City, town, county) (State) <u>Kansas City MO</u>		
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DATE REC'D BY LOCAL REG. <u>9-13-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. EMERAL DIRECTOR'S SIGNATURE ADDRESS <u>...</u>			
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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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Wm A. Johnson

Licensed Embalmer No. *3689*

P. O. Address. *R C 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.