

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

42459

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

FILED JAN 5 1953

BIRTH NO. 26014 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5449

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

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 OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>2da 5hr</u>	c. CITY OR TOWN <u>KANSAS CITY</u>		3/10/52
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>1204 Woodland</u>		
3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>LEE</u> c. (Last) <u>TRIGGS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-7-52</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>—</u>	8. DATE OF BIRTH <u>12-4-52</u>	9. AGE (In years last birthday)	10. MONTHS <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	

13a. FATHER'S NAME <u>—</u>	13b. MOTHER'S MAIDEN NAME <u>Edna Delores Triggs</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edna Delores Triggs</u>	ADDRESS <u>1204 Woodland</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage Intracranial</u>	ANTECEDENT CAUSES		5 hr
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>Premature Birth</u>		36 hr
DUE TO (c) <u>Syphilis Congenital</u>	II. OTHER SIGNIFICANT CONDITIONS		0202
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>
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22. I hereby certify that I attended the deceased from 12-4-1952 to 12-7-1952, that I last saw the deceased alive on 12-7-1952, and that death occurred at 12:30 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Eugene P. Chatman</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>2204 1/2 East 18th St K.C. Mo</u>	23c. DATE SIGNED <u>12-9-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/12/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-12-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stearns &amp; Bell</u>	ADDRESS <u>1212 Vine St</u>
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.**