

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

5990

FILED FEB 18 1953

BIRTH NO. 15170 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 661

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <b>1207 E. 14th</b> <u>3260</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>INFANT</b> b. (Middle) <b>HENDERSON</b> c. (Last) <b>HENDERSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-21-53</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>1-21-53</b>
9. AGE (In years last birthday) <b>1</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	

13a. FATHER'S NAME <b>CURTIS HENDERSON</b>	13b. MOTHER'S MAIDEN NAME <b>CLAUDIA MONCRIES</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. CURTIS HENDERSON 1207 E. 14th</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>PREMATURITY DUE TO IMMATURITY</b>		INTERVAL BETWEEN ONSET AND DEATH <b>776x</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PREMATURITY DUE</b>		
ANTECEDENT CAUSES <b>IMMATURITY</b> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)	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 1-21-1953, to 1-21-1953, that I last saw the deceased alive on 1-21-53, 1953, and that death occurred at 3:10P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. Frank Ellis, M.D.</b>	23b. ADDRESS <b>600 E. 22nd St.</b>	23c. DATE SIGNED <b>1-21-53</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/12/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Seeds</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-29-53</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Bldg. 18th &amp; Benton</b>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *L. Bruce L. Watkins*

Licensed Embalmer No. 4500

P. O. Address 18<sup>th</sup> & Benton

**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.