

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24690

State File No. _____

FILED JUL 27 1953
BIRTH NO. 421075-53 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3135

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 4 hr	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOSEPH HOSPITAL		e. STREET ADDRESS (If rural, give location) 4602 ST JOHN 3018	

3. NAME OF DECEASED (Type or Print) DANIEL	a. (First) DANIEL	b. (Middle) CHAMPION	c. (Last) CHAMPION	4. DATE OF DEATH (Month) (Day) (Year) JUN 19 53
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JUN 19 53	9. AGE (In years last birthday) 7
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) KANSAS CITY MO.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME RICHARD CHAMPION	13b. MOTHER'S MAIDEN NAME ALICE LENTZ	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Richard Champion	ADDRESS 4602 St John
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immediacy & Asphyxia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Abrupt Placenta DUE TO (c) mother		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7615

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 _____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on _____, 19____, and that the causes and on the date stated above.

23a. SIGNATURE Russell W. Kerr MD (Degree or title)	23b. ADDRESS St Joseph Hospital	23c. DATE SIGNED 20 June 53
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	24b. DATE June 20 53	24c. NAME OF CEMETERY OR CREMATORY MT OLIVET	24d. LOCATION (City, town, or county) (State) K.C. Mo
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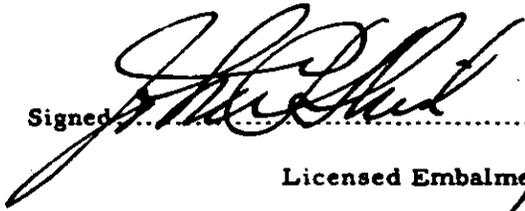
DATE REC'D BY LOCAL REG. 6-20-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS R.C. Kerr
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No. 3625-
P. O. Address K. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.