

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25005
3555

State File No. _____

No. 300
10-48

5214-53
FILED AUG 6 - 1953

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| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | 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> 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>1 1/2 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> | | <u>7005</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1106 S. Chrysler</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Stephen</u> | | b. (Middle) _____ | | c. (Last) <u>Messina</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 1953</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u> | 8. DATE OF BIRTH <u>July 16, 1953</u> | | 9. AGE (In years last birthday) <u>0</u> | # UNDER 1 YEAR Months <u>0</u> | # UNDER 1 Mth. Days <u>1 1/2</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Allen Messina</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Frances Mallen</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. (If yes, give war or status of service) <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Allen Messina, Independence, Mo.</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyaline Membrane Disease</u> ANTECEDENT CAUSES <u>Prenatal & Intrauterine</u> Morbidity 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. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7625</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) 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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Russell W. Kerr</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>St. Joseph Hospital</u> | | 23c. DATE SIGNED <u>7/18/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>7/20/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>7-18-53</u> | | REGISTRAR'S SIGNATURE <u>Graceline Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u> | | ADDRESS <u>Independence, Mo.</u> | |

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 Emilio Halbrook

Licensed Embalmer No. 4901

P. O. Address Indy, Ind.

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.