

FILED AUG 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3914

BIRTH NO. 36753 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jacks on</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) <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) <u>Kansas City</u>		3158				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital # 1</u>				d. STREET ADDRESS (If rural, give location) <u>729 Highland</u>						
3. NAME OF DECEASED (Type or Print) <u>JERRY LEE</u> Female Infant "B"			a. (First) <u>JERRY LEE</u>		b. (Middle)	c. (Last) <u>Tellis</u>	4. DATE OF DEATH (Month) <u>May</u> (Day) <u>24</u> (Year) <u>53</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>May 24, 53</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 12 MRS. Hours	IF UNDER 12 MRS. Mins.
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 (City and State or Foreign Country) <u>K. C. Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
13a. FATHER'S NAME <u>George Howard Tellis</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Carolyn Penn</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Record Clerk-General Hospital No. 1</u>				ADDRESS	
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>Prematurity</u>				ANTECEDENT CAUSES						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				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.								7/1/53		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>May 24</u> , 19 <u>53</u> , to <u>May 24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>May 24</u> , 19 <u>53</u> , and that death occurred at <u>11:35 am.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>B. I. Burns</u> (Degree or title) <u>B. I. Burns, M.D.</u>				23b. ADDRESS <u>24th & Cherry Sts.</u>			23c. DATE SIGNED <u>6/1/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-7-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fields Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>					
DATE REC'D BY LOCAL REG. <u>8-6-53</u>		REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. A. Johnson</u> ADDRESS <u>K.C.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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. Dwyer

Licensed Embalmer No. *3089*

P. O. Address *RC MD*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Deposited 3/1/11