

FILED OCT 6 1953

STANDARD CERTIFICATE OF DEATH

State File No. **31876**
4488

BIRTH NO. 60983 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Town Kansas City		c. CITY OR TOWN Mission	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 11 hrs. 40 min.		e. STREET ADDRESS (If rural, give location) 4805 West 66th St. 8150 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		3. NAME OF DECEASED a. (First) BABY GIRL BRIER b. (Middle) McCLELLAND c. (Last)	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1953
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - Infant		10b. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH 9-13-53
		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min. 11 40
		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John McClelland	13b. MOTHER'S MAIDEN NAME Ann Warner	14. NAME OF HUSBAND OR WIFE Infant
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John McClelland, 4805W66th, Mission, Ks.

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) Anoxemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature 5 1/2 weeks DUE TO (c) Premature separation normally implanted placenta		INTERVAL BETWEEN ONSET AND DEATH 7615
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Autopsy - Atelectasis		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 9/13, 1953, to 9/14, 1953, that I last saw the deceased alive on 9/14, 1953, and that death occurred at 11:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Print or Type) Paul G. Gempel M.D.	23b. ADDRESS 315 Nichols Rd	23c. DATE SIGNED 9/14/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-16-53	24c. NAME OF CEMETERY OR CREMATORY Mount Hope
		24d. LOCATION (City, town, or county) (State) Independence, Kansas

DATE REC'D BY LOCAL REG. 9-15-53	REGISTRAR'S SIGNATURE Stewardine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Paul A. Hempel
Phys. Medical Dir.
Lo. 6727

In until 4:30

TOD 10:45 AM

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 *Herald A. Burger*.....

Licensed Embalmer No. *4763*.....

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.