

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31965**
4300

FILED SEP 24 1953

BIRTH NO. 61202 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 Missouri b. COUNTY Jackson		
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 7 days	c. CITY OR TOWN Grandview		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 Menorah Hospital			e. STREET ADDRESS (If rural, give location) Route #2		
3. NAME OF DECEASED (Type or Print) Baby Girl			a. (First) RICHTER		b. (Middle)
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) ---	8. DATE OF BIRTH 8-24-53		9. AGE (In years last birthday) 7 if UNDER 1 YEAR Months 7 if UNDER 14 HRS. Days 7 Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Robert Richter		
13b. MOTHER'S MAIDEN NAME Wylma McCall			14. NAME OF HUSBAND OR WIFE none		
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 Robert Richter, Rt. 2, Grandview, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Trachio-Esophageal Fistula - 2 Post-operative Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 1317H		
ANTECEDENT CAUSES ---			DUE TO (b) ---		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			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 Aug. 27-53			19b. MAJOR FINDINGS OF OPERATION As Above		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 Birth 8/24/53 , to Aug 31, 1953 , that I last saw the deceased alive on 8/31, 1953 , and that death occurred at 7:00 m., from the causes and on the date stated above.					
23a. SIGNATURE Sidney F. Pakula (Degree or title) MD			23b. ADDRESS 411 Nichols Rd.		23c. DATE SIGNED 9/1/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-1-53		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		DATE REC'D BY LOCAL REG. 9-1-53			
REGISTRAR'S SIGNATURE Maeldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Patena

411 Nichols Rd.

Ge. 1000

Pm. Tues.

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..... J. M. Payne Licensed Embalmer No. 2444

P. O. Address..... K. C. M.

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.