

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38984**
5204

BIRTH NO. _____ 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 (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) life -	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 2918 Terrace
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			3 45 0		

3. NAME OF DECEASED (Type or Print) Infant			a. (First) _____ b. (Middle) _____ c. (Last) Chance		4. DATE OF DEATH (Month) (Day) (Year) Oct 27 53		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 10-26-53		9. AGE (In years last birthday) _____	IF UNDER 1 YEAR: MONTHS _____ DAYS _____	IF UNDER 10 HRS: HOUR _____ 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) Missouri		12. CITIZENSHIP OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Kenneth C. Chance		13b. MOTHER'S MAIDEN NAME Mary Lou Viebig		14. NAME OF HUSBAND OR WIFE _____	
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. _____		17. INFORMANT'S SIGNATURE OR NAME Kenneth Chance ADDRESS 2918 Terrace K.C. 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			INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crythroblastosis Fetalis			DUE TO (b) Unknown blood factors as Baby Rh neg + Mother Rh +.			8 hours			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) pulmonary edema, pneumonia			8 hours			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						8 hours			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				7700		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) (Min.)		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 **10:30 PM, 10-26**, to **10-27**, 1953, that I last saw the deceased alive on **10-26**, 1953, and that death occurred at **3:35 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE Roy F. Garrison (Degree or title) M. D.		23b. ADDRESS Argyle Bldg		23c. DATE SIGNED 10-29-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24b. DATE 10-27-53		24c. NAME OF CEMETERY OR CREMATORY Research Hospital	
24d. LOCATION (City, town, or county) (State) K. C. Mo.		DATE REC'D BY LOCAL REG. 11-3-53		REGISTRAR'S SIGNATURE Sheraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Research Hosp.		ADDRESS K. C. Mo.			

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 _____

Licensed Embalmer No. _____

P. O. Address: _____

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.