

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43043**
5835

89265
FILED DEC 29 1953

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 OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY Rural	
c. LENGTH OF STAY (in this place) 2 WEEKS		d. STREET ADDRESS 311 BANNISTER ROAD	
d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL		(If rural, give location) 7001	

3. NAME OF DECEASED (Type or Print) DIANE LOUISE McCULLY			4. DATE OF DEATH DEC. 11-1953		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH NOV. 24. 1953		9. AGE (In years last birthday) 17		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME IYAN McCULLY		13b. MOTHER'S MAIDEN NAME PATRICIA SKIDMORE	
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. NONE	
17. INFORMANT'S SIGNATURE OR NAME IYAN McCULLY		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. ADDRESS 311 BANNISTER RD KANSAS CITY MO	

18. CAUSE OF DEATH		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infant, prematurity		INTERVAL BETWEEN ONSET AND DEATH 17 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid 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.	
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)		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 Nov 23, 1952, to Dec 11, 1952, that I last saw the deceased alive on Dec 11, 1953, and that death occurred at 9:25A. m.; from the causes and on the date stated above.

23a. SIGNATURE Sam D. Hoepfer		23b. ADDRESS 6232 Troost K.C.MO.		23c. DATE SIGNED Dec 11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 12 1953		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newsome		ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.	

DATE REC'D BY LOCAL REG. 12-12-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newsome	
				ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.	

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

S:30. H:45 P.M.

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

Albert S. Savage

Licensed Embalmer No. *4872*

P. O. Address *Kansas City*

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.