

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43170**
5719

FILED DEC 23 1953

BIRTH NO. 89631 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5719

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 2 DAYS		d. STREET ADDRESS (If rural, give location) 4203 TROUP	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) JO b. (Middle) LYNN c. (Last) SEUFERT			4. DATE OF DEATH (Month) (Day) (Year) DEC-4-1953		
5. SEX 1 FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH DEC-2-1953		9. AGE (In years last birthday) 2		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
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	

13a. FATHER'S NAME TONY M. SEUFERT		13b. MOTHER'S MAIDEN NAME MARIAN L. ACKELS		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME TONY M. SEUFERT ADDRESS 4203 TROUP KANSAS CITY, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyaline Membrane of Lungs INTERVAL BETWEEN ONSET AND DEATH 12 hrs. From birth ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity (estimated weight - 2 lbs.) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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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) (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 Dec 2, 1953, to Dec 4, 1953, that I last saw the deceased alive on Dec 3, 1953, and that death occurred at 6:40 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. K.C. Mo		23c. DATE SIGNED Dec 4, '53	
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE DEC-4-1953		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) TONGANDXIE KANSAS					

DATE REC'D BY LOCAL REG. 12-5-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer ADDRESS 1331 BROS. CREEK KANSAS CITY, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6:00 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 ^{NOT}.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 7812

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.