No. 300
10-48

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

FILED JAN 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1378

State File No. .....

BIRTH NO. 2419-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 1 day 22 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Johnson
c. CITY OR TOWN: Overland Park
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 6614 W. 78th Street 8150 S

3. NAME OF DECEASED (Type or Print)
a. (First): Gregory
b. (Middle): Neale
c. (Last): Jolliff

4. DATE OF DEATH (Month) (Day) (Year): 1-6-1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): new born
8. DATE OF BIRTH: 1-4-1954
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months —; Days 1; IF UNDER 1 HRS.: Hours 22; Min. 35
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): new born
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Guy Neale Jolliff
13b. MOTHER'S MAIDEN NAME: Helene Marie Stoubraker
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): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Guy Jolliff
ADDRESS: 6614 W. 78th St.

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, asthenia, etc., it means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Primary atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 1 day 22 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ with Hyaline membrane
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prematurity — 35 min

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: 7625
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from 1-4-54, to 1-6-54, that I last saw the deceased alive on 1-6-54, and that death occurred 2:50 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Angelo Lapi M.D. — autopsy surgeon
23b. ADDRESS: 101 Memorial Drive
23c. DATE SIGNED: 1/7/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-7-1954
24c. NAME OF CEMETERY OR CREMATORY: Jo. County Memorial Gardens
24d. LOCATION (City, town, or county) (State): Overland Park Kansas

DATE REC'D BY LOCAL REG.: 1-7-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: Wilbur N. Hoge
ADDRESS: Overland Park Kansas

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Royce Hogg

Licensed Embalmer No. 35

P. O. Address Overland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.