

## THE DIVISION OF HEALTH OF MISSOURI

8644

## 15769-54 STANDARD CERTIFICATE OF DEATH

State File No. 1176

BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chester</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		0270 1	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>1st. twin</u> c. (Last) <u>Frederick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 10 54</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>3-10-54</u>
9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>4</u>		10. KIND OF BUSINESS OR INDUSTRY <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri, 0</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>			
13a. FATHER'S NAME <u>Ewing Joseph Frederick</u>		13b. MOTHER'S MAIDEN NAME <u>Nelen Louise Heister</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>			
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. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Nelen Frederick</u>		ADDRESS <u>K.C. Mo.</u>	
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) <u>Commence 20th gestation</u> 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 <u>✓</u>		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 <input type="checkbox"/> 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 <u>3-10-54</u> 19 <u>54</u> , to <u>3-10-54</u> 19 <u>54</u> , that I last saw the deceased alive on <u>3-10-54</u> , 19 <u>54</u> , and that death occurred at <u>8:26</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Melvin Langhus</u>		23b. ADDRESS <u>10 Kansas St. Mo.</u>	
23c. DATE SIGNED <u>3-12-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Crementation</u>		24b. DATE <u>3-10-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Research Hospital</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-16-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Research Hosp. K.C. Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.