

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 28 1954

11962

State File No. 1654

BIRTH NO. 22106-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1654

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY NORTH</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>4411 N. CLEVELAND</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hosp.</u>		5078	
3. NAME OF DECEASED (Type or Print) a. (First) <u>INFANT</u> b. (Middle) <u>BIAND</u> c. (Last) <u>BIAND</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 11 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>D</u>	8. DATE OF BIRTH <u>APR. 11, 1954</u>
9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>36</u>	IF UNDER 24 HRS. Hours <u>136</u> Min. <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>GERALD W. Bland</u>	
13b. MOTHER'S MAIDEN NAME <u>KATHERINE McCOMICK</u>		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. <u>                    </u>	
17. INFORMANT'S SIGNATURE OR NAME <u>GERALD W. Bland</u>		ADDRESS <u>K.C. 16, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PREMATURITY - 26 wks.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Hour</u>	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>                    </u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>                    </u>	
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 type="checkbox"/> NO <input checked="" 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) <u>KANSAS CITY, JACKSON, MISSOURI</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <u>APRIL 11, 1954</u> , to <u>APR 12, 1954</u> , that I last saw the deceased alive on <u>APRIL 11, 1954</u> , and that death occurred at <u>1:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Theodore F. Edwards</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>329 Amour La. Mo. K.C. Mo.</u>	
23c. DATE SIGNED <u>Apr. 12, 54</u>			
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>4-13-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEM</u>		24d. LOCATION (City, town, or county) (State) <u>LIBERTY, MO</u>	
DATE REC'D BY LOCAL REG. <u>4-13-54</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>O.W. Newcomer's</u>		ADDRESS <u>N. K.C. MO</u>	

WRITE PLAINLY—USING UNFAADING 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.....  
Signature of Student Embalmer

Signed..... *Glenn H. Hill* .....

Licensed Embalmer No...450...

P. O. Address...K.C. 16...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.