

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15913**
2342

FILED JUN 9 1954

BIRTH NO. **30136-54** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No.

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY NORTH	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) LIFE		e. STREET ADDRESS (If rural, give location) 4315 N. VIRGINIA	
d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN		f. 5068	
3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) LEE c. (Last) HAYMON			4. DATE OF DEATH (Month) (Day) (Year) MAY 23 1954
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED (Specify) NEVER MARRIED	8. DATE OF BIRTH MAY 22, 1954
9. AGE (In years last birthday) 1		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Leavew HAYMON		13b. MOTHER'S MAIDEN NAME JEAN GRIMASON	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 Leavew HAYMON ADDRESS K.C.-MO.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Quercemia due to pulmonary atelectasis in new born. INTERVAL BETWEEN ONSET AND DEATH 30 hrs DUPLICATE TO (b) atelectasis in new born. DUPLICATE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7620	
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) (Minute)		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 22 May, 1954 , to 23 May, 1954 , that I last saw the deceased alive on 23 May, 1954 and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Robert C. Buckner (Degree or title) M.D.		23b. ADDRESS 3298. Armore Rd N. Kansas City, Mo.	
23c. DATE SIGNED 24 May 54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-24-54	
24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH Cem.		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.	
DATE REC'D BY LOCAL REG. 5-24-54		REGISTRAR'S SIGNATURE Seraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE O.W. Newcomer		ADDRESS Don N.K.C. Mo.	

Dr. Buckner

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..... *Glen H Hill*

Licensed Embalmer No... 45

P. O. Address ... R. E. 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.