

FILED MAY 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15931

State File No.

BIRTH NO. 4278 2259154 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2016

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>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>HICKMAN MILLS</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>9 days</u>		e. STREET ADDRESS (If rural, give location) <u>1104 APPLEWOOD DRIVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WESLIE</u> b. (Middle) <u>ANN</u> c. (Last) <u>HOMBS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 4, 1954</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>APRIL 25, 1954</u>	9. AGE (In years last birthday) <u>9</u>	10. IF UNDER 1 YEAR Months <u>9</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>MAURICE V. HOMBS</u>		13b. MOTHER'S MAIDEN NAME <u>anne Jean Thompson</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) <u>✓</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maurice V. Hombs Hickman Mills, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs.</u> <u>10 days</u> <u>7635</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ASPIRATION PNEUMONIA</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>PREMATURITY</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 APRIL 25, 1954, to MAY 4, 1954, that I last saw the deceased alive on May 4, 1954, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles J. Eldridge M.D.</u> (Degree or title)		23b. ADDRESS <u>409 E 63rd St</u>		23c. DATE SIGNED <u>May 5, 54</u>	
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24a. BURIAL CREMATION-REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/5/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HARRISBURG CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>HARRISBURG, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-5-54</u>		REGISTRAR'S SIGNATURE <u>Steldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.K. Leary & Sons, Hannibal, Mo.</u>			

WRITE PLAINLY—USING UNFADING 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 Richard E. Large

Licensed Embalmer No. 395

P. O. Address Bellamy, N.

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.