

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. 18971  
2494

BIRTH NO. 4649 3 0160 - 54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (If in this place) Life	c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			e. STREET ADDRESS (If rural, give location) 12- 1005 Broadway 3128		

3. NAME OF DECEASED (Type or Print) a. (First) Deborah b. (Middle) Christine c. (Last) Hill "B"			4. DATE OF DEATH (Month) (Day) (Year) 5 3 1954		
5. SEX / Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 5-2-1954		9. AGE (In years last birthday) 6 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Delta Mary Gary		14. NAME OF HUSBAND OR WIFE None	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Record Librarian-General Hosp. No. 1			
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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) Prematurity				INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				776h
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"/>
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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 May 2, 1954, to May 3, 1954, that I last saw the deceased alive on May 3, 1954, and that death occurred at 5:40A m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) <i>B.I. Burns M.D.</i>	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 5-3-54
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24a. BURIAL, CREMATION, REMOVAL <i>Burial</i>	24b. DATE 6-7-54	24c. NAME OF CEMETERY OR CREMATORY <i>Linds Cemetery</i>	24d. LOCATION (City, town or county) (State) <i>Kansas City MO</i>
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DATE REC'D BY LOCAL REG. 6-3-54	REGISTRAR'S SIGNATURE <i>Geraldine Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. A. Johnson R.C.M.</i>	ADDRESS
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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 Not Embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Ann A. Schreyer

Licensed Embalmer No. 308

P. O. Address NC M

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.