

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27131

 BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3217

| | | | | | |
|--|-------------------------------|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Miami</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>12 days</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Fontana</u> | | 8150 8 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u> | | | d. STREET ADDRESS (If rural, give location) | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby girl</u> b. (Middle) <u>A</u> c. (Last) <u>Cawby</u> OK | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-10-54</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>July 9, 1954</u> | 9. AGE (In years last birthday) <u>2</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>38</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Paola, Kans</u> | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |
| 13a. FATHER'S NAME <u>John Cawby</u> | | 13b. MOTHER'S MAIDEN NAME <u>Leah Weaver</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John Cawby</u> ADDRESS <u>Fontana, Kans.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): <u>Prematurity</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>38 hr</u> |
| | | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bilateral Atelectasis</u> | | <u>30 hr</u> |
| | | | DUE TO (c) | | |
| | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | | <u>7625</u> |
| 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) (Min.) | | 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>July 9, 1954</u> , to <u>July 10, 1954</u> , that I last saw the deceased alive on <u>July 10, 1954</u> , and that death occurred at <u>5:00</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Bailey C. Andrus MD</u> (Degree or title) | | | 23b. ADDRESS <u>1703 N. Nichols Road</u> | | 23c. DATE SIGNED <u>7/10/54</u> |
| 24a. BURIAL CREMATION-REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 11-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fontana</u> | | 24d. LOCATION (City, town, or county) (State) <u>Fontana, Kansas</u> |
| DATE REC'D BY LOCAL REG. <u>7-10-54</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Runyan Funeral Home</u> ADDRESS <u>Paola, Kans</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Wavel B. Runyan

Licensed Embalmer No. 3252

P. O. Address Louisburg N.C.

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 this body is not embalmed, fact should be so stated above.