

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 27700  
3995

BIRTH NO. 62167-54 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 Kansas b. COUNTY Wyandotte				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 3 mos		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION OSTEOPATHIC HOSP				STREET ADDRESS (If rural, give location) 3140 N 38 <sup>th</sup> 415 <sup>th</sup> 9				
3. NAME OF DECEASED (Type or Print) a. (First) (Baby Boy) b. (Middle) SINGLETON c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) AUG 17 54					
5. SEX - - 0 MALE		6. COLOR OR RACE WH		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) BABY		8. DATE OF BIRTH AUG 17 1954		
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		3		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BABY			10b. KIND OF BUSINESS OR INDUSTRY BABY		11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY MO		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME JOHN N. E. SINGLETON			13b. MOTHER'S MAIDEN NAME LUCILLE E. DEBANY		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John E. Singleton K.C. Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural hemorrhage					3-4 hrs.	
*This does not mean the mode of dying, such as heart failure, asthenia, 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) Atelectasis of 2 lung lobes					3-4 hrs.	
		DUE TO (c) Prematurity @ 7 1/2 mos.					7625	
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 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) 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 8-17, 1954, to 8-17, 1954, that I last saw the deceased alive on 8-17, 1954, and that death occurred at 6 AM., from the causes and on the date stated above.								
23a. SIGNATURE Margaret Jones (Degree or title)				23b. ADDRESS 926 E. 11th K.C. Mo		23c. DATE SIGNED 8-17-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED		24b. DATE AUG 17-54		24c. NAME OF CEMETERY OR CREMATORY MT HOPE		24d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS		
DATE REC'D BY LOCAL REG. 8-17-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Joe A. Butler, Son, K.C. Mo.				

(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 Not Embalmed, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Russell Walenris

Licensed Embalmer No. 346

P. O. Address K. C. Ka

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.