

FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30520**
4054BIRTH NO. 60902-54 REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 1001 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 (in this place) 4 days	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 St. Joseph Hospital			STREET ADDRESS (If rural, give location) 6845 Oak Street		28680
3. NAME OF DECEASED (Type or Print) a. (First) CAROL		b. (Middle) ANN	c. (Last) CHRISTY	4. DATE OF DEATH (Month) (Day) (Year) August 21, 1954	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby 0	8. DATE OF BIRTH August 17, 1954	9. AGE (In years last birthday) Only 4	IF UNDER 1 YEAR Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph A. Christy		13b. MOTHER'S MAIDEN NAME Anabel Hungate		14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Joseph A. Christy, 6845 Oak St., KC 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis, bilateral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7660				INTERVAL BETWEEN ONSET AND DEATH 2 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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 Aug 17, 1954 , to Aug. 21, 1954 , that I last saw the deceased alive on August 21 19 54 and that death occurred at 12:05 AM on the causes and on the date stated above.					
23a. SIGNATURE Robert C. Swisher (Degree or title) MD			23b. ADDRESS 5509 Brookside Blvd		23c. DATE SIGNED Aug. 23 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial Removal	24b. DATE 8-24-54	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas		
DATE REC'D BY LOCAL REG. 8-23-54	REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

Dr. C. D. Hall (Pharmacist)
535 Angier Bldg.

1215 1/2 W. 82nd
Jan 4 1923

Dr. W. H. C. (Pharmacist)
5509 Brookside

Jan. 7 1923
9:00 to 5:00 today

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..... Eugene L. Kern

Licensed Embalmer No. 46
P. O. Address Kansas, Ca

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.