

STANDARD CERTIFICATE OF DEATH

30679

State File No. _____

FILED OCT 7 1954

4394

 BIRTH NO. 62696-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1007 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (in this place) <u>12 hrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CONLEY MATERNITY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Independence</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>Rt. 1 Box 145A 7000</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>-</u> b. (Middle) <u>-</u> c. (Last) <u>We Claire</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 13 54</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>no</u>	8. DATE OF BIRTH <u>9-12-54</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	9b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Independence, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jules We Claire</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Needs</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service) <u>None</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JULIOUS We Claire</u> ADDRESS <u>INDEP. Mo.</u>	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Incomplete Ventilation of lungs</u> ANTECEDENT CAUSES <u>Prematurity at 2'4"</u> 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.		INTERVAL BETWEEN ONSET AND DEATH <u>Birth</u> <u>7625</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
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 <u>Sept 13, 1954</u>, to <u>Sept 13, 1954</u>, that I last saw the deceased alive on <u>Sept 13, 1954</u>, and that death occurred at <u>8:39 a.m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE <u>Myron D. Jones</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>204 926 E. 11th St.</u>	
23c. DATE SIGNED <u>9-13-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	
24b. DATE <u>9-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Filmwood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bob Carson</u> ADDRESS <u>Independence Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-15-54</u>		REGISTRAR'S SIGNATURE <u>Norma Minshall</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.....
Signature of Student Embalmer

Signed... *Dean W. Huff*

Licensed Embalmer No. *4914*.....

P. O. Address *Independence*.....

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.