

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37498

State File No. _____

FILED DEC 3 1954

5280

BIRTH NO. 87936-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Prairie Village</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>7641 - Mall</u> <u>815 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hosp.</u>			

3. NAME OF DECEASED a. (First) <u>BABY</u> b. (Middle) <u>BOY</u> c. (Last) <u>MARTIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 29 1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>10-29-54</u>			9. AGE (In years last birthday) <u>6</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas city mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>MARSHALL</u>		13b. MOTHER'S MAIDEN NAME <u>MARTIN BETTY LOUISE MASH</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. M. Martin</u> ADDRESS <u>7641 - Mall, Prairie Village, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fetal Atelasia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7615</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pregnancy</u> DUE TO (c) <u>Premature sep. of placenta</u>			
		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"/>	
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 10-29, 1954, to 10-29, 1954, that I last saw the deceased alive on 10-29, 1954, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Constance F. Marshall</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Plaza Theatre Bldg.</u>		23c. DATE SIGNED <u>11-1-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-29-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hosp.</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hospital Disposal</u> ADDRESS _____			
DATE REC'D BY LOCAL REG. <u>11-15-54</u>		REGISTRAR'S SIGNATURE <u>new Marshall</u>			

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Cameton F. Marshall

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.....

Licensed Embalmer No.....

P. O. Address.....

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.