

FILED APR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8089**
Registrar's No. **1182**

BIRTH NO. 13981-55		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1182			
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 town) Kansas City		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				STREET ADDRESS (If rural, give location) 19 4641 E. 9 3193					
3. NAME OF DECEASED (Type or Print) Carl		a. (First)		b. (Middle)		c. (Last) Bates "B"			
4. DATE OF DEATH (Month) (Day) (Year) 2 26 1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married			
8. DATE OF BIRTH 2-26-1955		9. AGE (in years last birthday) 1		IF UNDER 1 YEAR Months 1 Days 40		IF UNDER 24 HRS. Hours 1 Min. 40			
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Gordon G. Bates		13b. MOTHER'S MAIDEN NAME Mary M. Kendall		14. NAME OF HUSBAND OR WIFE Infant					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mary Bates ADDRESS 4641 E. 9th					
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 CERTIFICATE I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbidity 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. INTERVAL BETWEEN ONSET AND DEATH 776X				19. DATE OF OPERATION		20. AUTOPSY? YES ☐ NO ☒	
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. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐							
22. I hereby certify that I attended the deceased from Feb. 26, 1955 , to Feb. 26, 1955 , that I last saw the deceased alive on Feb. 26, 1955 , and that death occurred at 10:55 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE B. I. Burns (Degree or title) M.D.		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 2-28-55					
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3-15-55		24c. NAME OF CEMETERY OR CREMATORY Field		24d. LOCATION (City, town, or county) (State) Kansas City MO			
DATE REC'D BY LOCAL REG. 3-16-55		REGISTRAR'S SIGNATURE newa minshall		25. FUNERAL DIRECTOR'S SIGNATURE Wm A Schmeigel ADDRESS ITC 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 Wm A. Schuyler

Licensed Embalmer No. 308

P. O. Address N.C. W.

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.