

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11823

State File No.

1657

BIRTH NO. 22255-55 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 Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		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"/>
c. LENGTH OF STAY (in this place) 10 days		STREET ADDRESS (If rural, give location) 3724 Fuller	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		59	

3. NAME OF DECEASED (Type or Print) INFANT	a. (First) INFANT	b. (Middle)	c. (Last) Caenepeel "B"	4. DATE OF DEATH (Month) (Day) (Year) 4 14 1955
--	-----------------------------	-------------	-----------------------------------	---

5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 4-14-55	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 10
-----------------------	----------------------------------	--	------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and State or Foreign Country) Kansas City Missouri	12. CITIZEN OF WHAT COUNTRY U.S.
--	--	---	--

13a. FATHER'S NAME Arkenson	13b. MOTHER'S MAIDEN NAME Virginia Caenepeel	NAME OF HUSBAND OR WIFE None
---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Maurice Caenepeel - 6500 E 9th St. Mo.	ADDRESS
--	--	--	---------

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) Prematurity	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		776X

*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) _____
DUE TO (c) _____

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)	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 April 14, 1955, to April 14, 1955, that I last saw the deceased alive on April 14, 1955, and that death occurred at 11:15A., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns, M.D.	(Degree or title)	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 4-14-1955
---	-------------------	--	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/15/55	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
--	-----------------------------	--	--

DATE REC'D BY LOCAL REG. 4-14-55	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE Melody McElroy-Egan	ADDRESS K.C. Mo.
--	---	--	----------------------------

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

0.300
0.48

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 *Arthur Eugene Hook*

Licensed Embalmer No. *491*

P. O. Address *KCM*

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.