

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18756

State File No. \_\_\_\_\_

2715

BIRTH NO. 44259-55 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 death) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>4 hrs 1 min</u>	c. CITY OR TOWN <u>Kansas</u>	d. RESIDENCE WITHIN LIMITS OF CITY OF INCORPORATED TOWN? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		* STREET ADDRESS (If rural, give location) <u>612 Cornell Ave. 815 8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby Boy</u> b. (Middle) <u>Keplania</u> c. (Last) <u>Keplania</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-24-55</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>new born</u>	8. DATE OF BIRTH <u>6-24-55</u>	9. AGE (In years last birthday) <u>-</u>	IF UNDER 1 YEAR: Days <u>-</u> Hours <u>-</u> Min. <u>4</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>new born</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>new born</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Eugene Forrest Keplania</u>	13b. MOTHER'S MAIDEN NAME <u>Carolyn Jane Cordell</u>	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 <u>Eugene Forrest Keplania</u> ADDRESS <u>612 Cornell Ave. KC, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Immature 6 1/2 months pregnancy</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>4 hrs 1 min</u>  <u>776 h</u>
	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.  _____		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 6-24, 1955, to 6-24, 1955, that I last saw the deceased alive on 6-24, 1955, and that death occurred at 10:05 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh H. Owens MD</u>		23b. ADDRESS <u>1034 Realto Bldg</u>		23c. DATE SIGNED <u>6-25-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-25-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope</u>	24d. LOCATION (City, town or county) (State) <u>Kansas City Kansas</u>	
DATE REC'D BY LOCAL REG. <u>6-25-55</u>	REGISTRAR'S SIGNATURE <u>Reva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Batters</u>		ADDRESS <u>KCK</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 not embalmed Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 263

P. O. Address KCK

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.