

FILED NOV 1 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33304**

65196-55

BIRTH NO. 11225 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 202 Registrar's No. 4408

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY, MO.</u>		c. LENGTH OF STAY (in this place) <u>6 wks.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>PARKEVILLE</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 5.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S Hosp.</u>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>SANDRA</u>		b. (Middle) <u>KAY</u>	
c. (Last) <u>JAMES</u>		DATE <u>Oct. 13 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>9-19-55</u>
9. AGE (In years last birthday) <u>10</u>		10. IF UNDER 1 YEAR Days <u>24</u> Hours <u></u> Min. <u></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>Cecil E. James</u>		13b. MOTHER'S MAIDEN NAME <u>Lois Lewis</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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lois James, Parkville Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ASPIRATION OF STOMACH CONTENT</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 m.d.</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>BRONCHIOLITIS, Acute</u> <u>18 Hours</u>	
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 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>9-19-55</u> to <u>10-13-55</u> , that I last saw the deceased alive on <u>10-13-55</u> , and that death occurred at <u>6:45 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Theodore F. Edwards (Degree or title) <u>Theodore F. Edwards M.D.</u>		23b. ADDRESS <u>329 Roman Rd - No. Kansas City, Mo.</u>	
23c. DATE SIGNED <u>10/13/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-16-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>East Slope Cenn.</u>		24d. LOCATION (City, town, or county) (State) <u>Clay Platte Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-14-55</u>		REGISTRAR'S SIGNATURE <u>Deva Marshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcome's Sons, N.K.C. Mo</u>			

(Licensed Embellisher'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 .....  
Student Embalmer

Signed

*John M. Kalsbeck*

Licensed Embalmer No. *4949*

P. O. Address *No. Kansas City, Mo.*

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.