

FILED JAN 11 1956

35850-55

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40652

State File No.

5476

| | | | | | | | | | |
|---|----------------------------------|--|---|---|--|--|---|---|--|
| BIRTH NO. <u>5826</u> | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>5476</u> | | | |
| 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>Wyandotte</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u> | | c. CITY OR TOWN <u>BONNER SPRINGS</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>QUEEN OF THE WORLD HOSPITAL</u> | | | | e. STREET ADDRESS (If rural, give location) <u>143 INSLEY</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CYNTHIA</u> | | | b. (Middle) <u>*****</u> | | c. (Last) <u>JACKSON</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 14, 1955</u> | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>NEGRO</u> | 7. MARRIED, NEVER MARRIED, D WIDOWED, DIVORCED (Specify) <u>INFANT</u> | 8. DATE OF BIRTH <u>5-26-55</u> | | 9. AGE (In years) (Last birthday) <u>6</u> | 10. MONTHS <u>6</u> | 11. DAYS <u>18</u> | 12. HOURS <u>11:50</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>WAYMAN JACKSON</u> | | | 13b. MOTHER'S MAIDEN NAME <u>THELMA WALKER</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 <u>WAYMAN JACKSON</u> | | | | ADDRESS <u>143 Insley Bonner Springs Kansas</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>Bronchial pneumonia</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. <u>Diarrhea etiology, undetermined.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>491X</u> | |
| 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) <u>Accident</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 type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from <u>12-12</u> , 19 <u>55</u> , to <u>12-14</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-14</u> , 19 <u>55</u> , and that death occurred at <u>1:35P</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Leroy Haugh, M.D.</u> | | | | 23b. ADDRESS <u>2200 S. 18th St</u> | | 23c. DATE SIGNED <u>16 Dec 55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>12-17 55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>LINCOLN CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>12-16-55</u> | | REGISTRAR'S SIGNATURE <u>Neve Minshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>ADKINS FUNERAL HOME INC.</u> | | ADDRESS <u>BONNER SPRINGS KANSAS</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Leroy Haugh

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.....
Herbert R. Boyd

Licensed Embalmer No. *44*

P. O. Address *J. M. M.*

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.