

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43359

State File No.

FILED JAN 18 1956

BIRTH NO. 4822-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1062 Registrar's No. 5546

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) OR TOWN 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) 7 days		e. STREET ADDRESS (If rural, give location) 1820 Woodland	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Debbie	b. (Middle) Yvonne	c. (Last) Smith	12 17 1955		
5. SEX 3 fe	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) single	8. DATE OF BIRTH Dec 10, 1955	9. AGE (In years) 1 10 1/2	IF UNDER 1 YEAR Months 1 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) 3 K.C. Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME DEBBIE SMITH	13b. MOTHER'S MAIDEN NAME Mary Walsh	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mary Walsh Smith 1820 Woodland

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		
	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.		Bilateral interstitial pulmonary hemorrhage; massive.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7715	20. AUTOPSY? YES <input checked="" 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) m.	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 12-10-55, 1955, to 12-17-55, 1955, that I last saw the deceased alive on 12-17-55, 1955, and that death occurred at 7:45 Am., from the causes and on the date stated above.

23a. SIGNATURE Frank Elias, MD	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 12-19-55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-20-55	24c. NAME OF CEMETERY OR CREMATORY Lincoln
24d. LOCATION (City, town, or county) (State) Kansas City Mo.		

DATE REC'D BY LOCAL REG 12-20-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Walter Bros. Funeral Home 4000 Barton
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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.....
Signature of Student Embalmer

Signed..... *Blaine R. Watkins*

Licensed Embalmer No. *45*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.