

15388-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5022

State File No.

617

0 FILED MAR 1 1956		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 617	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 2 hours		a. STATE Kansas	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary's Hospital		c. CITY OR TOWN Merriam		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		b. COUNTY Johnson	
e. STREET ADDRESS (If rural, give location) 5156 Lowell		3. NAME OF DECEASED		4. DATE OF DEATH		5. SEX	
a. (First) Baby Girl		b. (Middle) Nigh		c. (Last) Feb. 8, 1956		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby		8. DATE OF BIRTH Feb. 8, 1956		9. AGE (In years last birthday) 0		10. SEX female	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY Baby		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Nigh		13b. MOTHER'S MAIDEN NAME Claire A. Shoaf		14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME James Nigh		ADDRESS Merriam, Kans.		18. CAUSE OF DEATH	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basilar Hemorrhage				- 1 hr.	
*This does not mean the mode of dying, such as heart failure, ashenia, 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) Mechanical Birth Trauma					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS				7605	
		Conditions contributing to the death but not related to the disease or condition causing death. Prematurity					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 Feb 8 11:19 56 to Feb 8 11:25 pm, 1956, that I last saw the deceased alive on Feb 8, 1956, and that death occurred at m., from the causes and on the date stated above.							
23a. SIGNATURE Paul B. Burger (Degree or title) D				23b. ADDRESS M.D. 5949 Nieman Rd - Shawnee, Mo		23c. DATE SIGNED 2-9-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 2-10-56		24c. NAME OF CEMETERY OR CREMATORY Pleasant View Cem.		24d. LOCATION (City, town, or county) (State) Shawnee, Kansas	
DATE REC'D BY LOCAL REG. 2-10-56		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE Amos Funeral Home		ADDRESS Shawnee, Kansas	

(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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.