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FILED APR 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9302

State File No. 1216

BIRTH NO. 015610-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1216

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	
c. LENGTH OF STAY (in this place) life		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			
e. STREET ADDRESS 109 4109 Mc Gee		367 1/2	

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Sanstra c. (Last) Sanstra		4. DATE OF DEATH (Month) (Day) (Year) March 6, 1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 3-3-1956
9. AGE (In years last birthday) 12		10. KIND OF BUSINESS OR INDUSTRY infant	
11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	

13a. FATHER'S NAME Jack E. Sanstra	13b. MOTHER'S MAIDEN NAME Ann Allen	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Jack E. Sanstra	ADDRESS 4109 Mc Gee
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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 76 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - Gestation 22 weeks		
	ANTECEDENT CAUSES DUE TO (b) Premature Labor DUE TO (c) Premature Rupt. of Membranes		
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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-5, 1956, to 3-6, 1956, that I last saw the deceased alive on 3-6, 1956 and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE Kenneth S. Nicolay (Degree or title) MD	23b. ADDRESS 4635 Wyandotte	23c. DATE SIGNED 3/17/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-10-56	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 3-19-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mellody-Mc Gilley-Eylar 1800 E. Linwood
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Kenneth S. Nicolay

WRITE PLAINLY—USING UNFADING BLACK INK

NAME ANN ALLEN White		14. AGE (At time of this birth) 25 YEARS		15. BIRTHPLACE (State or foreign country) Union Star, Mo.		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 3 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT'S SIGNATURE OR NAME Jack E. Sanstra							
18a. LENGTH OF PREGNANCY 22 WEEKS		18b. WEIGHT AT BIRTH LBS. 14 OZS.		19. LEGITIMATE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		19d. WAS MOTHER'S BLOOD TESTED FOR SYPHILIS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Prematurity 22 week gestation 20b. MATERNAL CAUSES Placental anomaly					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Slender throughout pregnancy				22. STATE ALL OPERATIONS FOR DELIVERY None			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE Kenneth S. Nicolay MD		23b. DATE SIGNED 3-7-56		23c. ATTENDANT'S ADDRESS 4635 Wyandotte	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 3-10-56		25c. NAME OF CEMETERY OR CREMATORY Forest Hill		25d. LOCATION (City, town, or county) (State) Kansas City Missouri	
DATE REC'D BY LOCAL REG. 3-8-56		REGISTRAR'S SIGNATURE Neva Marshall		26. PERSON IN CHARGE OF DISPOSITION ADDRESS Mellody-McGilley-Eylar 1800 E. Linwood			

(Licensed Embalmer's Statement on Reverse Side)

200-1-24-50

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. (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.

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 *Ivan E. Miller*

Licensed Embalmer No.....

P. O. Address *K. C.*

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