

FILED MAY 4 1956  
24000-56

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13319  
State File No. ....

BIRTH NO. 4232 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1517

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Kansas City</b>	c. LENGTH OF STAY (In this place) <b>Lifetime</b>	c. CITY OR TOWN <b>Kansas City</b>	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 <b>General Hospital #2</b>		e. STREET ADDRESS <b>43 2122 Charlotte</b>	<b>3427</b>

3. NAME OF DECEASED (Type or Print) a. (First) <b>Patricia</b>	b. (Middle) <b>Ann</b>	c. (Last) <b>Isaac</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4 6 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>April 4, 1956</b>	9. AGE (In years last birthday) <b>2</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 24 HRS. Days <b>2</b> Hours <b>2</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME <b>Sarah Isaac</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Sarah Isaac - 2122 Charlotte</b>	ADDRESS
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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, asthma, 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) <b>pulmonary congestion + edema</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>interstitial hemorrhage</b> DUE TO (c) <b>atelectasis (full term)</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>7620</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 **4-4-56**, 19\_\_\_, to **4-6-56**, 19\_\_\_, that I last saw the deceased alive on **4-6-56**, 19\_\_\_, and that death occurred at **10:45 am.**, from the causes and on the date stated above.

23a. SIGNATURE W. R. <b>Peterson</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>600 East 22nd St.</b>	23c. DATE SIGNED <b>4-9-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/10/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-10-56</b>	REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. Stehling</b>	ADDRESS <b>12120 Ave</b>
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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.  
X

Student.....  
Signature of Student Embalmer

Signed..... *E. Steinhilber*

Licensed Embalmer No.....

P. O. Address.....

*Baby was not embalmed.*

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.