

FILED JUN 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16404**

BIRTH NO. **39181-56** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2235**

| | | | | | |
|---|--|---|--|--|---|
| 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. LENGTH OF STAY (In this place) Life | 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"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Mary's Hospital | | | | | |
| e. STREET ADDRESS 528 West 97th St. | | | (If rural, give location) | | |

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|---|--|--|-------------|--|------------------------|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) INFANT | | | b. (Middle) | | c. (Last) HINES | 4. DATE OF DEATH (Month) (Day) (Year) 5 19 56 | | |
|---|--|--|-------------|--|------------------------|---|--|--|

| | | | | | | | | |
|----------------------|----------------------------|--|---------------------------------|--|---------------------------------|------------------------|------------------------|-------------------|
| 5. SEX Female | 6. COLOR OR RACE Wh | 7. MARRIED (Never Married) <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) XX | 8. DATE OF BIRTH 5-19-56 | | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | Mins. 2 45 |
|----------------------|----------------------------|--|---------------------------------|--|---------------------------------|------------------------|------------------------|-------------------|

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|---|--|---|--|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX | | 10b. KIND OF BUSINESS OR INDUSTRY XX | | 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
|---|--|---|--|--|--|--|--|

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|--|--|---|--|---------------------------------------|--|
| 13a. FATHER'S NAME Francis E. Hines | | 13b. MOTHER'S MAIDEN NAME Selma L. Loewe | | 14. NAME OF HUSBAND OR WIFE XX | |
|--|--|---|--|---------------------------------------|--|

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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) XX XX | | 16. SOCIAL SECURITY NO. XX | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Francis E. Hines, 528 W. 97th St. | | |
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Circumvallate Placenta. | | | | | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|------------------------|--|----------------------------------|--|--|--|--|
| 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? | |
|--|--|--|--|----------------------------|--|

22. I hereby certify that I attended the deceased from **5-19, 1956**, to **5-19, 1956**, that I last saw the deceased alive on **5-19, 1956**, and that death occurred at **1:30 P.** m., from the causes and on the date stated above.

| | | | | | |
|---|--|---|--|---------------------------------|--|
| 23a. SIGNATURE Robert C. Buckner (Degree or title) M.D. | | 23b. ADDRESS 4620 S.C. Nichols Ave., KC Mo | | 23c. DATE SIGNED 5-22-56 | |
|---|--|---|--|---------------------------------|--|

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|---|--|--------------------------|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 5-21-56 | 24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City Mo | |
|---|--|--------------------------|--|--|---|--|

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. 5-22-56 | | REGISTRAR'S SIGNATURE Neva Minshall | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Magner Funeral Home, K C Mo | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

LC-1-2181
APR 3. P.M.

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 *Alvin R Naumschick*

Licensed Embalmer No. *415*

P. O. Address *Kansas City*

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.