

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16441**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1704

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>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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>General Hospital #2</b>		e. STREET ADDRESS (If rural, give location) <b>1400 Woodland Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>(Infant)</b>	b. (Middle)	c. (Last) <b>Knight</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3-30-1956</b>
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5. SEX <b>3 female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (specify) <b>0</b>	8. DATE OF BIRTH <b>3-30-56</b>	9. AGE (In years last birthday) <b>18</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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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, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>America</b>
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13a. FATHER'S NAME <b>Mack Knight</b>	13b. MOTHER'S MAIDEN NAME <b>Lula Dray</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 ADDRESS <b>Lula Dray Knight, 1400 Woodland</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary congestion &amp; edema. Hemorrhage into the thymus mediastium &amp; pleura.</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>##### Anoxia. Congenital Cardiac anomalies</b>		
	DUE TO (c) <b>interatrial septum</b>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>7542</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 3-30-56, 1956, to 3-30-56, 1956, that I last saw the deceased alive on 3-30-56, 1956, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. R. Peterson</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>600 E. 22nd St.</b>	23c. DATE SIGNED <b>4-10-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>4-20-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Leeds</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City MO</b>
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DATE REC'D BY LOCAL REG. <b>4-19-56</b>	REGISTRAR'S SIGNATURE <b>newa minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Paul Schuyler R. E. M.D.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NO. 123

DECEASED

NO. 123

X

of the county of

*Autopsy*

of the State of

of the County of

of the State of

DECEASED

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DECEASED

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**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

*Not Embalmed*

Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

*W. A. [Signature]*

Licensed Embalmer No. *30*

P. O. Address *150 M*

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.