

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16588

State File No. ....

1861

FILED MAY 17 1956

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

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) 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  No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1

e. STREET ADDRESS (If rural, give location) 3829 E. 58 Terr.

3. NAME OF DECEASED  
a. (First) Inf b. (Middle) c. (Last) Selby

4. DATE OF DEATH (Month) (Day) (Year)  
4 16 1956

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH 4-16-1956

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 17 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME -

13b. MOTHER'S MAIDEN NAME Yvonne Straisinger

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. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Record Librarian-K.C. Gen'l Hosp. #1

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Prematurity  
INTERVAL BETWEEN ONSET AND DEATH  
\*This does not mean the mode of dying, such as heart failure, asthma, 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)  
DUE TO (c)  
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  NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 19 56, to April 16, 19 56 that I last saw the deceased alive on April 16, 19 56, and that death occurred at 5:05P m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) M.D.

23b. ADDRESS 24th & Cherry

23c. DATE SIGNED 4-17-56

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 4-27-56

24c. NAME OF CEMETERY OR CREMATORY Luede

24d. LOCATION (City, town, or county) (State) Kansas City MO

DATE REC'D BY LOCAL REG. 4-28-56

REGISTRAR'S SIGNATURE neva minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS RC MO

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 Not Embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Wm. A. Shroyer

Licensed Embalmer No. 30

P. O. Address K.C. Mo.

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.