

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23753**
 Registrar's No. **2956**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) lifetime		e. STREET ADDRESS (If rural, give location) 1871 Benton Boulevard	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2			

3. NAME OF DECEASED (Type or Print) (Infant)			4. DATE OF DEATH (Month) (Day) (Year) 6 24 1956		
a. (First)	b. (Middle)		c. (Last)		
			Haywood		
5. SEX female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 6-22-56	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 2
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? America	

13a. FATHER'S NAME Eddie Haywood	13b. MOTHER'S MAIDEN NAME Ocia Mae Turner	14. NAME OF HUSBAND OR WIFE none
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 Mrs. Ocia Mae Haywood ADDRESS 1871 Benton

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) anoxia. DUE TO (c) Premature		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		765	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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)
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?

22. I hereby certify that I attended the deceased from 6-22-56, 19 , to 6-24-56, 19 , that I last saw the deceased alive on 6-24-56, 19 , and that death occurred at 8:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE H.R. Peterson M.D.	23b. ADDRESS 600 E. 22nd St.	23c. DATE SIGNED 6-30-56
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 7-12-56	24c. NAME OF CEMETERY OR CREMATORY Linde
DATE REC'D BY LOCAL REG. 7-7-56		24d. LOCATION (City, town, or county) (State) Kansas City MO
REGISTRAR'S SIGNATURE Neva Minchell		25. FEDERAL DIRECTOR'S SIGNATURE Paul R. ... ADDRESS SC 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. Schuyler

Licensed Embalmer No. 3084

P. O. Address N.C. Md

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.