

FILED AUG 3-1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24120

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. <u>45</u>			
1. PLACE OF DEATH (Where deceased lived. If institution: residence before admission) a. COUNTY <u>Madison</u> , <u>Jackson County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>unknown</u>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>PARADISE</u> <u>unknown</u>		c. CITY OR TOWN <u>unknown</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hillcrest Road</u>				e. STREET ADDRESS (If rural, give location) <u>unknown</u> <u>Madison</u> <u>1951</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Unidentified child</u>			b. (Middle) _____			c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) <u>unknown</u>									
5. SEX <u>undetermined</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED: NEVER MARRIED, <input type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>child</u>		8. DATE OF BIRTH <u>unknown</u>			
9. AGE (In years last birthday) <u>about 3</u>		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Days _____		IF UNDER 24 HRS. Hours _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>none</u>			
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>none</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u>									
*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES						
			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. <u>Unidentified Child - Ported</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>but too decomposed to make diagnosis</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>?</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kans. City Jackson Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>unknown</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Hugh A. Owens Coroner</u>				23b. ADDRESS <u>1034 Walnut Blvd</u>				23c. DATE SIGNED <u>5-28-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/28/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Independence Jackson Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7/28/56</u>		REGISTRAR'S SIGNATURE <u>Dwight E. Goddard</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Gerson</u>		ADDRESS <u>Independence, Mo.</u>		

(Licensed Embalmers' Statement on Reverse Side)

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

498.

**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. Gibson.....

Licensed Embalmer No. 4271.....

P. O. Address Indep., 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.