No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1956

State File No. 26820

BIRTH NO. 86924-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3575

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City Mo
c. LENGTH OF STAY (in this place): 11 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 25 W 80th terrace

3. NAME OF DECEASED (Type or Print)
a. (First): Dalen
b. (Middle): Edward
c. (Last): Cloughly

4. DATE OF DEATH (Month) (Day) (Year): 8-14-1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 8-3-1956
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months —, Days 11
IF UNDER 24 HRS.: Hours —, Min. —

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

13a. FATHER'S NAME: Dalen Eugene Cloughly
13b. MOTHER'S MAIDEN NAME: Judy E Davis
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Judy E Cloughly
ADDRESS: 25 W 80th Ter

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Meningo-myelocoele c̄ Hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH: 11 days
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity c̄ Meningomyelocoele — INTERVAL BETWEEN ONSET AND DEATH: ~~11 days~~
DUE TO (c):
11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

751 X

19a. DATE OF OPERATION: 8/7/56
19b. MAJOR FINDINGS OF OPERATION: Meningo-myelocoele (at birth)
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-6-, *1956, to* 8-14, *1956, that I last saw the deceased alive on* 8-14, *1956, and that death occurred at* 9:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE George V. Herrman (Degree or title): George V Herrman MD
23b. ADDRESS: 411 Nichols Rd KC Mo
23c. DATE SIGNED: 8/15/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-17-56
24c. NAME OF CEMETERY OR CREMATORY: Mt olivet
24d. LOCATION (City, town, or county) (State): Jackson Co Mo

DATE REC'D BY LOCAL REG.: 8-15-56
REGISTRAR'S SIGNATURE: neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: France-Wornall Funeral Home
ADDRESS: KC Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Russell N. France

Licensed Embalmer No 425 S

P. O. Address K C M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.