

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30728

STATE FILE NUMBER

FILED OCT 3 1956

0 58814-56 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3076

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, give TOWNSHIP only) OR TOWN <b>KANSAS CITY 0</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>INDEPENDENCE 1</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>			Length of stay in <b>1 HOUR</b>		d. STREET ADDRESS (If outside, give location) <b>9502 LINWOOD</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>INFANT</b> Middle Last <b>HADLOCK</b>				4. DATE OF DEATH Month <b>SEPT-</b> Day <b>7-</b> Year <b>1956</b>					
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>SEPT-7-1956</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS. -- -- -- --	
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 country) <b>KANSAS CITY MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>RAYMOND M. HADLOCK</b>				14. MOTHER'S MAIDEN NAME <b>GERALDINE RUMBO</b>					
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 <b>MRS. GERALDINE HADLOCK</b>		Address <b>9502 LINWOOD INDEPENDENCE MO</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Anoxemia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Atelectasis</b> DUE TO (c) <b>Atresia of bowel &amp; bladder. Prematurity 7625</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Atresia of bowel and bladder, hydronephrosis</b>								INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>6:08 PM</b> to <b>7:08 PM</b> and last saw her <del>was</del> alive on <b>9-9-56</b> Death occurred at <b>7:08 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>J. A. Sheahan</b> (Degree or title)					22b. ADDRESS <b>Raytown Mo</b>			22c. DATE SIGNED <b>9-8-56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)		
<b>BURIAL</b>		<b>SEPT-10-1956</b>		<b>FOREST HILL CEMETERY</b>			<b>KANSAS CITY MISSOURI</b>		
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b>				ADDRESS <b>1331 BRUSH CREEK</b>		25. DATE RECD. BY LOCAL REG. <b>9-10-56</b>		26. REGISTRAR'S SIGNATURE <b>Reva Minshall</b>	
<b>KANSAS CITY MO.</b>									

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service  
 300 1-56  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Chester K. Bruce*

Licensed Embalmer No.....  
*45*

P. O. Address.....  
*K. C. M.*

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.