

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30829**
3879

BIRTH NO. 53264-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3879

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Sedalia</u>	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) <u>3 days</u>		7. STREET ADDRESS (If rural, give location) <u>420 W. Benton</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Childrens Mercy Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Baby Girl</u>	b. (Middle) <u>Lv/c</u>	c. (Last) <u>S</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 1 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>8-28-56</u>	9. AGE (In years last birthday) <u>4 da</u>	IF UNDER 1 YEAR Months <u>4 da</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Un. Known</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Marie Ryles</u>	14. NAME OF HUSBAND OR WIFE <u>Child</u>
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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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Ryles - Grandfather</u> ADDRESS <u>Sedalia, Mo. 420 W. Benton</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anencephalus + occipital</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myelo meningocoele</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-28, 1956, to 9-1, 1956, that I last saw the deceased alive on 9-1, 1956, and that death occurred at 8:03 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Wayne Hart</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>1710 Indep. Ave. K.C. Mo</u>	23c. DATE SIGNED <u>9-25-56</u>
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24a. HOSPITAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 5, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cem. Conv.</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-4-56</u>	REGISTRAR'S SIGNATURE <u>Reva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Price Alexander</u> ADDRESS <u>Sedalia Mo.</u>
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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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. Price Alexander*.....

Licensed Embalmer No. *424*.....

P. O. Address *Sedalia*.....

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.