

FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33985**
4279
Registrar's No.

BIRTH NO. 57735-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>		c. LENGTH OF STAY (in this place) <u>15 Days</u>	c. CITY OR TOWN <u>Clinton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hospital</u>		d. Is Residence within limits of a city incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0</u>	
		e. STREET ADDRESS (If rural, give location) <u>Rt 1</u>	

3. NAME OF DECEASED (Type or Print) <u>Gayle Lerin George</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 2 56</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>9-18-56</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton, Mo. - West of Hospital</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ernest George</u>	13b. MOTHER'S MAIDEN NAME <u>Maudie McMechan</u>	14. NAME OF HUSBAND OR WIFE
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ernest George, Clinton, Mo. - Rt 1</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7593</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Congenital Defects</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 9-18-1956, to 10-2-1956, that I last saw the deceased alive on 10-2-1956, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wayne Hart, M.D.</u> (Degree or title)	23b. ADDRESS <u>1710 Independence Ave. S.W. Clinton, Mo.</u>	23c. DATE SIGNED <u>10-2-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>10-2-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Funeral Home</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-2-56</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest George</u> ADDRESS <u>Clinton, Mo.</u>	

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.....

Licensed Embalmer No.....

P. O. Address.....

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.