

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

34208

State File No. _____

FILED OCT 24 1956

4437

BIRTH NO. 71614-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH Childrens Mercy Hospital
a. COUNTY Jackson 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 5 hrs. c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Childrens Mercy Hospital - 2555 e. STREET ADDRESS (If rural, give location) 3625 Park.

3. NAME OF DECEASED (Type or Print) a. (First) Jerome b. (Middle) Wilson c. (Last) Rose 4. DATE OF DEATH (Month) (Day) (Year) 10-11-56

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant 8. DATE OF BIRTH 9-13-56 9. AGE (In years last birthday) IF UNDER 1 YEAR Months 28 IF UNDER 12 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 none 11. BIRTHPLACE (City and State or Foreign Country) Brookfield Mo. Doctors Hospital 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Virgil Rose 13b. MOTHER'S MAIDEN NAME Lona Darolt 14. NAME OF HUSBAND OR WIFE Virgil Rose - Father

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Virgil Rose ADDRESS 3625 Park K.C. Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyloric stenosis INTERVAL BETWEEN ONSET AND DEATH 4 wks.
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Alkalosis.
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 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) 7560

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 10/11/1956, to 10/11/1956, that I last saw the deceased alive on 10/11/1956, and that death occurred at 11³⁰ p. m., from the causes and on the date stated above.

23a. SIGNATURE Wayne Hart (Degree or title) _____ 23b. ADDRESS 1710 Indep Ave. K.C. Mo. 23c. DATE SIGNED 10-12-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-13-56 24c. NAME OF CEMETERY OR CREMATORY Rose Hill 24d. LOCATION (City, town, or county) (State) Brookfield, Mo.

DATE REC'D BY LOCAL REG. 10-12-56 REGISTRAR'S SIGNATURE Mona Minshall 25. FUNERAL DIRECTOR'S SIGNATURE William Blacklock ADDRESS Brookfield Hills New Home Mo

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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.