

FILED NOV 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34262**
Registrar's No. **4629**

BIRTH NO. **070437-56** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH 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) Kansas City		c. CITY OR TOWN Kansas City	d. In 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) lifetime		5. STREET ADDRESS (If rural, give location) 3229 S. Benton	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2			
3. NAME OF DECEASED (Type or Print) a. (First) (Infant) b. (Middle) c. (Last) Standifer		4. DATE OF DEATH (Month) (Day) (Year) 9 22 1956	
5. SEX 2 male	6. COLOR OR RACE Negro	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH Sept 22, 1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months 22 IF UNDER 12 HRS. Hours 1 Min. 22
11a. FATHER'S NAME		11b. MOTHER'S MAIDEN NAME Lillie Standifer	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo. 12. CITIZEN OF WHAT COUNTRY? America
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Lillie Standifer	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)		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Lillie Standifer, 3229 S. Benton ADDRESS
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity ANTECEDENT CAUSES DUE TO (b) Prematurity 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"/>
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)	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 9-22-56 , 19___, to 9-22-56 , 19___, that I last saw the deceased alive on 9-22-56 , 19___, and that death occurred at 7:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. R. Peterson M.D.		23b. ADDRESS 600 E. 22nd St.	23c. DATE SIGNED 10-10-56
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11-7-56	24c. NAME OF CEMETERY OR CREMATORY Reeds	24d. LOCATION (City, town, or county) (State) Kansas City MO
DATE REC'D BY LOCAL REG. 10-25-56 REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE Wm. A. Schuyler ADDRESS 15 C MO	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD W. R. Peterson

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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm. A. Robinson

Licensed Embalmer No. 308

P. O. Address N.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.