

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

State File No. **34264**
4192

BIRTH NO. 77554-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4192

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) OR TOWN Kansas City		c. CITY OR TOWN Kansas City Mo.	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) 2 days		e. STREET ADDRESS (If rural, give location) 3520 Holmes	
d. FULL NAME OF HOSPITAL OR INSTITUTION Reserch Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) c. (Last) Stephens			4. DATE OF DEATH (Month) (Day) (Year) 9 22 56		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH Sept. 21, 1956	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR: Months 0 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Stephens	13b. MOTHER'S MAIDEN NAME Betty Harvey	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Stephens 3520 Holmes KC Mo

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity		INTERVAL BETWEEN ONSET AND DEATH 14 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature labor		
		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 checked="" type="checkbox"/> NO <input 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) 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 9/21, 1956, to 9/22, 1956, that I last saw the deceased alive on 9/22, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph C. Williams M.D.	23b. ADDRESS 425 E 63rd	23c. DATE SIGNED 9/24/56
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24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-24-56	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
DATE REC'D BY LOCAL REG. 9-25-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody McGilley Eylar Ken City Mo.	

WINE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Joseph C. Williams

Dr. Joe. C. Wall

#25 E 63rd

H1-4-6888

2:30

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.....
Arthur Eugene Shad

Licensed Embalmer No. 491

P. O. Address... R.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.