

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38009**
4921

BIRTH NO. 76823-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1005 Registrar's No. 4921

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| 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 | 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) 5 hrs | | STREET ADDRESS (If rural, give location) 1319 PASEO | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION WHEATLEY HOSPITAL | | | |

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| 3. NAME OF DECEASED (Type or Print) INFANT | a. (First) | b. (Middle) | c. (Last) FREEMAN | 4. DATE OF DEATH (Month) (Day) (Year) NOV 12 1956 |
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| 5. SEX 3 FEMALE | 6. COLOR OR RACE Ne gro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH Nov 12th - 1956 | 9. AGE (In years last birthday) 5 | IF UNDER 1 YEAR Months 5 | IF UNDER 24 HRS. Hours 5 | IF UNDER 1 MIN. Mins. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME UNKNOWN | 13b. MOTHER'S MAIDEN NAME MAUDE FREEMAN | 14. NAME OF HUSBAND OR WIFE none |
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| 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 Hospital Records | 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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis Neonatorum | | 12 hrs |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cord around Neck in Breech Presentation DUE TO (c) Premature Birth II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Premature Rupture of the Membrane | | 7610 |

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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 11-12-1956, to 11-12-1956, that I last saw the deceased alive on 11-12-1956 and that death occurred at 3:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Eugene P. Chatman M.D. (Degree or title) <input checked="" type="checkbox"/> | 23b. ADDRESS 2202 1/2 East 18th St | 23c. DATE SIGNED 11-13-56 |
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|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11 14 56 | 24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn Cem | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. |
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| DATE REC'D BY LOCAL REG. 11-14-56 | REGISTRAR'S SIGNATURE neva minshall | 25. FUNERAL DIRECTOR'S SIGNATURE Adkins Funeral Home | ADDRESS K. C. Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Eugene P. Chatman

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 *Herbert Reibel*

Licensed Embalmer No. *H.H.*

P. O. Address *940 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.