

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28048**
5186

FILED DEC 13 1956

BIRTH NO. **88732-56** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5186**

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 town) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 5 hr. 40 min	c. CITY OR TOWN Independence
d. FULL NAME OF HOSPITAL OR INSTITUTION Childrens Mercy Hospital		* STREET ADDRESS (If rural, give location) 15305 E. Kentucky 1001	

3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) Girl c. (Last) Henderson			4. DATE OF DEATH (Month) (Day) (Year) 11-28-56		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 11/28/56	9. AGE (In years last birthday) 8 hr	IF UNDER 1 YEAR Months Days 8 hr
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) K.C. Mo. (Jackson Co. Hosp.)	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Albert Henderson.	13b. MOTHER'S MAIDEN NAME Alice Lindsey	14. NAME OF HUSBAND OR WIFE Infant
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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) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Father - Albert Henderson ADDRESS 15305 Kentucky, Indep. Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary congestion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) prematurity (1800 grams) 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"/>
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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) 7635 Independence Missouri
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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 **11-28, 1956**, to **11-28, 1956**, that I last saw the deceased alive on **11/28/1956**, and that death occurred at **9:22 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Wayne Hart (Degree or title) Wayne Hart M.D.	23b. ADDRESS Childrens Mercy Hospital	23c. DATE SIGNED 11-28-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Dec. 1, 1956	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Independence, Missouri
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DATE REC'D BY LOCAL REG. 11-30-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Neola Marshall ADDRESS Indep. Mo.
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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 C. Ray Lunderback, Student Embalmer No. 53, working under my personal supervision..

Student C. Ray Lunderback Signature of Student Embalmer Signed Harold E. Koalref Licensed Embalmer No. 460
P. O. Address Indep. N.

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.