

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38147

State File No.

FILED DEC 7-1956

BIRTH NO. 0 87706-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4976

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. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2

e. STREET ADDRESS (If rural, give location) 1611 Virginia

3. NAME OF DECEASED (Type or Print)
a. (First) (Infant)

b. (Middle) _____ c. (Last) McLaughlin

4. DATE OF DEATH (Month) (Day) (Year)
11 9 1956

5. SEX 3
female

6. COLOR OR RACE
Negro

7. MARRIED, ~~NEVER MARRIED~~, WIDOWED, DIVORCED (Specify)
0

8. DATE OF BIRTH
11-2-56

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 Hrs. Mins.
7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or job if retired)
infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) 3
Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY?
America

13a. FATHER'S NAME
Melton McLaughlin

13b. MOTHER'S MAIDEN NAME
Margaret Alexander

14. NAME OF HUSBAND OR WIFE
none

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 ADDRESS
Mrs. Margaret A. McLaughlin, 1611 Virginia

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity

ANTECEDENT CAUSES
DUE TO (b) Prematurity.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

776h

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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 11-2-56, 1956, to 11-9-56, 1956, that I last saw the deceased alive on 11-9-56, 1956, and that death occurred at 3:05 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. R. Peterson MD

23b. ADDRESS
600 E. 22nd St.

23c. DATE SIGNED
11-16-56

24a. BURIAL, CREMATION, OR REMOVAL (Specify)

24b. DATE
11-21-56

24c. NAME OF CEMETERY OR CREMATORY
Leeds

24d. LOCATION (City, town, or county) (State)
IC MO

DATE REC'D BY LOCAL REG.
11-17-56

REGISTRAR'S SIGNATURE
Neve Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
IC MO

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. Ramsey

Licensed Embalmer No... 308

P. O. Address K. 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.