

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38224
STATE FILE NUMBER

FILED NOV 28 1956

77453-56 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4832

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, give TOWNSHIP OR TOWN) Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.			Length of stay in 1b) 3 hrs		d. STREET ADDRESS 4109 McGee		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) INFANT				First INFANT		Middle SANSTRA		Last SANSTRA		4. DATE OF DEATH Month Nov Day 6 Year 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov 6, 1956		9. AGE (In years last birthday) IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours 3 Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant				10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13. FATHER'S NAME Jack E. Sanstra						14. MOTHER'S MAIDEN NAME Ann Allen						
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. No		17. INFORMANT Jack E. Sanstra, 4109 McGee						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE-(a) IMMaturity (22 weeks Gestation) DUE TO (b) Premature Labor DUE TO (c) _____ Conditions, if any, which gave rise to above - cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH 776x				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____												
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	
21. I attended the deceased from 11-6-56 to 11-6-56 and last saw her/him alive on 11-6-56 . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE Kenneth A. Nicolay MD (Degree or title)						22b. ADDRESS 4635 Wyandotte			22c. DATE SIGNED 11-7-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-9-56		23c. NAME OF CEMETERY OR CREMATORY Forest Hill			23d. LOCATION (City, town, or county) (State) Kansas City, Missouri					
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar 1800 E. Linwood				25. DATE RECD. BY LOCAL REG. 11-9-56				26. REGISTRAR'S SIGNATURE Neva Minshall				

Director, coroner, etc., must personally examine and determine cause of death. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Kenneth A. Nicolay
 MEDICAL CERTIFICATION

Dr Kenneth P. ...
1635 ...
VA 1-2400

Not an official ...
(...)

2696

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 ...*
Licensed Embalmer No. 49

P. O. Address *K.P.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.