

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41414
State File No. 5310

BIRTH NO. 14879 86965-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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	
c. LENGTH OF STAY (in this place) 29 days		d. Is Residence within limits of a city or incorporated town? Yes No	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION CHILDRENS Mercy Hospital		7. STREET ADDRESS (If rural, give location) 5019 MANCHESTER DRIVE	

3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN b. (Middle) JAMES c. (Last) CORDER			4. DATE OF DEATH (Month) (Day) (Year) 12-7-1956		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	
8. DATE OF BIRTH 11-28-1956		9. AGE (In years last birthday) 9		10. IF UNDER 1 YEAR Months Days Hours Min. 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY INFANT		11. BIRTHPLACE (City and State or Foreign Country) LAKESIDE Hosp. KANSAS CITY, Mo. U.S.A.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME BENJAMIN Franklin Corder		13b. MOTHER'S MAIDEN NAME Joyce Erlene Starner	
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 Benjamin Corder		18. ADDRESS 5019 MANCHESTER DRIVE		19. CITY AND STATE N.E. 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Esophageal Atresia with post-operative necrosis + leakage of anastomosis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity		INTERVAL BETWEEN ONSET AND DEATH 756	
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 12-7-1956, to 12-7-1956, that I last saw the deceased alive on 12-7-1956, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Wayne Hart (Degree or title) 0		23b. ADDRESS 1710 Independence Blvd		23c. DATE SIGNED 12-7-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC-8-1956		24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY	
24d. LOCATION (City, town, or county) KANSAS CITY		24e. (State) MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE A.H. Newcomer	
DATE REC'D BY LOCAL REG. 12-8-56		REGISTRAR'S SIGNATURE neva minshall		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Paul R. Williams*.....

Licensed Embalmer No. *500*.....

P. O. Address *Overland*.....
Kansas

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.