

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4059

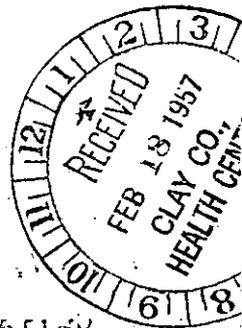
STATE FILE NUMBER

13057-57
FILED FEB 25 1957

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clay			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North Kansas City, Mo. Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN North Kansas City Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1806 Swift, North Kansas City, Mo. Length of stay in lb				STREET ADDRESS 201 East 29th Ave. (If outside, give location) Reside on Farm <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>First Middle Last</i> Espland			4. DATE OF DEATH <i>Month Day Year</i> Feb. 11, 1957				
5. SEX M.	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 Feb. 11, 1957	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. One	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) North Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? -----	
13. FATHER'S NAME Arden Espland				14. MOTHER'S MAIDEN NAME Elizabeth Clark			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Type no. or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Arden Espland 201 East 29th Ave.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Marked Prematurity (4 1/2 months)				INTERVAL BETWEEN ONSET AND DEATH 1 hr.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
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.) 776x					
20c. TIME OF INJURY Hour - Month, Day, Year 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 2-11-57 to 2-11-57 and last saw her alive on 2-11-57 Death occurred at 4:12 pm m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Ernest C. Mullins M.D.			22b. ADDRESS 1806 Swift, NKC, Mo.		22c. DATE SIGNED 2-11-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 12, 1957	23c. NAME OF CEMETERY OR CREMATORY Calvary		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
24. FUNERAL DIRECTOR ADDRESS Thomas E. Quirk 4316 Troost Ave.		25. DATE RECD. BY LOCAL REG. 2-12-57		26. REGISTRAR'S SIGNATURE Marguerite Ludwig			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Doctor, coroner, etc. must use only standard nomenclature in referring to symptoms which are listed. Coroner cannot certify to a death due to natural causes.



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
Licensed Embalmer No. 3
P. O. Address
[Handwritten signature]

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.