

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4067

State File No.

BIRTH NO. 5729-57 REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>			
b. CITY OR TOWN <u>Claycomo</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Claycomo</u> <u>0</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>434 E. 69 Highway</u>			STREET ADDRESS (If rural, give location) <u>434 E. 69 Highway</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant Boy</u> b. (Middle) <u>Honey</u> c. (Last) <u>Honey</u>			4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>12</u> (Year) <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Feb 12 - 1957</u>	9. AGE (in years last birthday)	IF UNDER 1 YEAR Months <u>0</u> Days <u>7</u> Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Claycomo, Mo</u>		
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Kuron Honey</u>		14. NAME OF HUSBAND OR WIFE		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillian Dyer 434 E. 69 Highway</u>			
---	-------------------------	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pending Autopsy Report</u>					INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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"/>	

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>O.S. Pate M.D. Croner 3</u>	23b. ADDRESS <u>North Kansas City, Mo</u>	23c. DATE SIGNED <u>2/12/57</u>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>2-28-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.W. Neucomeis</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
--	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>2-28-57</u>	REGISTRAR'S SIGNATURE <u>Marquitta Hudgens</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Neucomeis San N.K.C. Mo.</u>
---	--	---

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

474



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 Glenn H. Hill

Licensed Embalmer No. 458

P. O. Address K.C. 16

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.