

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8568

FILED MAR 26 1957

STATE FILE NUMBER  
1126

29979-57 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1126

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Inside Limits Yes  No   
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside Hosp. 3<sup>rd</sup> Mo 57<sup>th</sup> St Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jackson  
c. CITY OR TOWN Inter-City 900<sup>th</sup> OR Kansas City Inside Limits Yes  No   
d. STREET ADDRESS 8601 Kentucky (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
INFANT Charles Reece Bright  
4. DATE OF DEATH Month Day Year  
3 - 9 - 57

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  8. DATE OF BIRTH 3-9-57  
9. AGE (In years last birthday) 0 IF UNDER 1 YEAR IF UNDER 24 HRS.  
Months Days Hours Min. 3 57

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 Charles Reece Bright 14. MOTHER'S MAIDEN NAME Betty June Myers

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 M. Charles Reece Bright 8601 Kentucky Address K.C. Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Cardiac + Respiratory Exhaustion  
DUE TO (b) Prematurity 22 Weeks.  
DUE TO (c)  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
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  NO  7735

20a. ACCIDENT  SUICIDE  HOMICIDE  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, Year a. m. p. m.  
20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 3-9-7:00 PM '57 to 3-9-11:00 PM '57 and last saw him alive on 3-9-57  
Death occurred at 11:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lee E. Davidson (Degree or title) 22b. ADDRESS 3504 Troost Ave 22c. DATE SIGNED 3/11/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-11-57 23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR Melody - McKelley Engler F.H. ADDRESS 1800 E. Lenwood, K.C. - Mo. 25. DATE RECD. BY LOCAL REG. 3-11-57 26. REGISTRAR'S SIGNATURE neva minshall

Public Health, Welfare Service  
000-56  
ATTEST: I, Lee E. Davidson, Registrar, do hereby certify that the foregoing is a true and correct copy of the original certificate on file in my office.  
DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Lee E. Davidson

(Licensed Embalmer's Statement on Reverse Side)

*M. Critten*

*21A - [unclear]  
3304 [unclear]*

**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 *Jamur E. Kackler* .....  
Licensed Embalmer No. *45*

P. O. Address *K. 191* .....

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.