

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

8720

38227-56

6633 FILED MAR 26 1957 Registration District No. 149 Primary Registration District No. 100J Registrar's No. 1106

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Mary's Hospital</i>				Length of stay in 15 <i>9 months</i>		d. STREET ADDRESS (If outside, give location) <i>4610 Montzall</i>	
3. NAME OF DECEASED (Type or print) First <i>JOHN</i> Middle <i>GEORGE</i> Last <i>HUGHES</i>				4. DATE OF DEATH Month <i>March</i> Day <i>6</i> Year <i>1957</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>May 29 1956</i>	
9. AGE (In years last birthday) <i>9</i>		IF UNDER 1 YEAR Months <i>9</i> Days <i>7</i>		IF UNDER 24 HRS. Hours <i></i> Min. <i></i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Infant</i>			11. BIRTHPLACE (City and state or country) <i>Kansas City, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>							
13. FATHER'S NAME <i>John Hughes</i>				14. MOTHER'S MAIDEN NAME <i>Clairie French</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>John Hughes - 4610 Montzall, KC, Mo.</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Shock and congestive heart failure</i>							INTERVAL BETWEEN ONSET AND DEATH <i>10 hr. and 3 min.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Pyrogenic reaction from cardiac catheterization</i>					
		DUE TO (c) <i>and Congenital Heart Dis. (Valvular pulmonary Stenosis)</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>7544</i>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <i></i> Month, Day, Year <i></i> a. m. <i></i> p. m. <i></i>							
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 <i>Feb. 22, 1957</i> to <i>March 6, 1957</i> and last saw <sup>over</sup> him alive on <i>March 6, 1957</i> . Death occurred at <i>9:55 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Doctor or title) <i>Norman Makous, M.D.</i>				22b. ADDRESS <i>4526 Paseo</i>		22c. DATE SIGNED <i>March 8, 1957</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Funeral</i>		23b. DATE <i>March 9, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Floral Hills Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City Mo.</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Hilke Funeral Home 2315 Linwood</i>			25. DATE RECD. BY LOCAL REG. <i>3-9-57</i>		26. REGISTRAR'S SIGNATURE <i>Reva Thrushell</i>		

(Licensed Embalmer's Statement on Reverse Side)

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Director, Emballer, etc. must use only stencils, non-carbonated ink for no symptoms with no carbon. Carboron cannot certify to a death due to natural causes. diseases in Part I must be casually related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Norman Makous

MEDICAL CERTIFICATION

11-4  
4526 Pass  
Jan 1-2/53

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 *Chas E. Wilks*.....

Licensed Embalmer No. *264*

P. O. Address *170 M*

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.