8914

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 26 1957

STATE FILE NUMBER 1079

0 15582-57 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Gen'l Hosp. #1 — Length of stay in 16 Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 3219 Summit — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Pamela Middle Sue Last Starling

4. DATE OF DEATH Month 3 Day 6 Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 2-20-57

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME Olive Nafis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Olive Starling Address 3219 Summit

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 776x

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 X NO ☐

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 a. m. p. m. Month, Day, Year

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 Feb. 20, 1957, to March 6, 1957 and last saw her alive on March 6, 1957. Death occurred at 7 : 10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. I. Burns (Degree or title) B. I. Burns, M.D.

22b. ADDRESS 24th & Cherry

22c. DATE SIGNED 3-6-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3-6-57

23c. NAME OF CEMETERY OR CREMATORY Leeds

23d. LOCATION (City, town, or county) Kansas City (State) MO

24. FUNERAL DIRECTOR Wm A Lohmeyer ADDRESS KC MO

25. DATE RECD. BY LOCAL REG. 3-7-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

...lth, ...elfare ...blic ...rvice

...00 ...-56

...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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Not Embalmed, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ann a Rohmyer

Licensed Embalmer No. 3

P. O. Address N C

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.