

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13182

STATE FILE NUMBER

1492

FILED APR 16 1957

2976 14732-57 Registration District No. 149 Primary Registration District No. 1005 Registrar's No.

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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
Jacqueline M. Baumeister

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutherna Hosp.		d. STREET ADDRESS 1630 Jarboe	
Length of stay in 1b 16 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JEFF Middle DANIEL Last HOLLIFIELD			4. DATE OF DEATH Month March Day 29 Year 1957
5. SEX male <input type="checkbox"/>	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 March 13, 1957
9. AGE (In years last birthday)		IF UNDER 1 YEAR IF UNDER 24 HRS.	
Months Days 16 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
13. FATHER'S NAME Jeff Davis Hollifield		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		14. MOTHER'S MAIDEN NAME Kathleen Boggles	
16. SOCIAL SECURITY NO. none		17. INFORMANT Address Jeff Davis Hollifield-1630 Jarboe	
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 DUE TO (b) Bronchopneumonia 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)			INTERVAL BETWEEN ONSET AND DEATH since birth 7/25
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 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 March 27, 57 to March 29, 1957 and last saw her alive on March 29, 1957. Death occurred at 12:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jacqueline M. Baumeister, M.D.		22b. ADDRESS 6509 Prospect	22c. DATE SIGNED 3/30/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/31/57	23c. NAME OF CEMETERY OR CREMATORY Okay, Oklahoma Cemetery	23d. LOCATION (City, town, or county) Okay, Oklahoma (State)
24. FUNERAL DIRECTOR ADDRESS QUIRK & TOBIN-20 W. Linwood, K.C. Mo.		25. DATE RECD. BY LOCAL REG. 3-30-57	26. REGISTRAR'S SIGNATURE Vera Minshel

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William M. Turner*

Licensed Embalmer No. *464*
20 W. Lincoln
P. O. Address.....
Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.