

FILED APR 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13199
State File No. 1596

BIRTH NO. D 22160-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1596

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, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 6 hr 22 min		c. CITY OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Maternity Hosp.		STREET ADDRESS (If rural, give location) 900 E. 11th St					
3. NAME OF DECEASED (Type or Print) a. (First) Jacky		b. (Middle) Marvin		c. (Last) Jackson			
4. DATE OF DEATH 4 4 57		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH 4-4-57 3:22 AM		9. AGE (In years last birthday) IF UNDER 1 YEAR Days Hours Mins. - - - 6 22			
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) Kansas City, Missouri			
13a. FATHER'S NAME Seth N. Jackson		13b. MOTHER'S MAIDEN NAME Nancy Lindstrom		14. NAME OF HUSBAND OR WIFE			
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Seth Noel Jackson 900 E. 11th St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenea, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia and atelectasis ANTECEDENT CAUSES DUE TO (b) Congestive Pulmonary Failure DUE TO (c) Aspiration Pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7630	
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) (Min.)		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 <u>4/4</u> , 19 <u>57</u> , to <u>4/4</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>4/4</u> , 19 <u>57</u> , and that death occurred at <u>10:15 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE M.C. Coatsney D.O.		(Degree or title)		23b. ADDRESS 320 1/2 E 12 K.C. Mo			
23c. DATE SIGNED 4/4/57		24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE 4-5-1957			
24c. NAME OF CEMETERY OR CREMATORY SUNNER CEM		24d. LOCATION (City, town, or county) (State) Atchison Mo					
DATE REC'D BY LOCAL REG. 4-5-57 neva minchall		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SWAIN + DYER. ATCHISON, MO			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
M. C. Coatsney

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2

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 *Leonard Passantino*

Licensed Embalmer No. 4554

P. O. Address KCMO

12/11/11 10:11 AM
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.