

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH'57 020941
State File No.FILED JUL 12 1957
BIRTH NO. 38991-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2927

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 township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Maternity Hospital		STREET ADDRESS (If rural, give location) 907 East Linwood			
3. NAME OF DECEASED (Type or Print) a. (First) BABY "A"			b. (Middle) BARTHOLOMEW		c. (Last) BARTHOLOMEW
4. DATE OF DEATH (Month) (Day) (Year) May 26, 1957		5. SEX Male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH May 26, 1957		9. AGE (In years last birthday) IF UNDER 1 YEAR 7 1/2 hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James W. Bartholomew		13b. MOTHER'S MAIDEN NAME Staine	
14. NAME OF HUSBAND OR WIFE None		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 Peggy Bartholomew, Mo.		ADDRESS 7625			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Atelectasis		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hyaline membrane			
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 May 26, 1957 , to May 26, 1957 , that I last saw the deceased alive on May 26, 1957 , and that death occurred at 7:50A m., from the causes and on the date stated above.					
23a. SIGNATURE Luther W. Swift, M.D.		(Degree or title) 2		23b. ADDRESS 2105 Independence Ave., K. C., Mo. 1-57	
23c. DATE SIGNED 6-24-57		24a. BURIAL, CREMATION, REMOVAL (Specify) Retained		24b. DATE Destroyed at the Kansas City College of Osteopathy & Surgery	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE K.C. College of Osteopathy, K.C. Mo.	
DATE REC'D BY LOCAL REG. 6-24-57		REGISTRAR'S SIGNATURE neva marshall		ADDRESS K.C. College of Osteopathy, K.C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Luther W. Swift



PL 1-0383

PL 1-0383

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.....

Licensed Embalmer No.....

P. O. Address.....

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.