

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32128**

FILED OCT 4 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4270**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Richard W. Ginn

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <b>2 1/2</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Joseph Hospital.</b>		e. (STREET ADDRESS) (If rural, give location) <b>1218 Lawndale</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>INFANT</b> b. (Middle) <b>RENSHAW</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>9-12-57</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED (NEVER MARRIED) <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>9-12-57</b>
9. AGE (In years last birthday)	10. UNDER 1 YEAR (Months) <b>3</b>	11. UNDER 24 HRS. (Hours) <b>10</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Walter T. Renshaw</b>		13b. MOTHER'S MAIDEN NAME <b>Betty Williams.</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Walter T. Renshaw</b> ADDRESS <b>1218 Lawndale</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>anoxia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Several hours</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES (b) <b>prematurity.</b>	
III. OTHER SIGNIFICANT CONDITIONS (c) <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>7625</b>		20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" 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)	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 <b>9-12, 1957</b> , to <b>9-12, 1957</b> , that I last saw the deceased alive on <b>9-12, 1957</b> , and that death occurred at <b>8:45 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) of <b>Richard W. Ginn M.D.</b>		23b. ADDRESS <b>6230 Trimmick Rd. K.C., Mo.</b>	23c. DATE SIGNED <b>9-12-57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9/14/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mc. Washington</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City MO.</b>
DATE REC'D BY LOCAL REG. <b>9-13-57</b>	REGISTRAR'S SIGNATURE <b>neva minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Skail Funeral Home</b> ADDRESS <b>KCMO</b>	

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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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Arnold D. Rice*.....

Licensed Embalmer No. *499*.....

P. O. Address *Kansas*.....

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.