

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40556**
Registrar's No. **5153**

FILED NOV 20 1957

BIRTH NO. 0		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5153	
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) 8 hrs 20 Min		c. CITY OR TOWN Independence		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 Conley Maternity Hospital				STREET ADDRESS (If rural, give location) 2234 Overton			
3. NAME OF DECEASED (Type or Print) a. (First) INFANT			b. (Middle)			c. (Last) PRESCOTT	
4. DATE OF DEATH (Month) (Day) (Year) 9-28-57		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby	
8. DATE OF BIRTH 9-28-57		9. AGE (In years last birthday) 8		IF UNDER 1 YEAR Months 0 Days 20		IF UNDER 24 HRS. Hours 8 Min 20	
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 Howard Prescott		13b. MOTHER'S MAIDEN NAME Sara Virginia Walker		14. NAME OF HUSBAND OR WIFE Howard W. Prescott			
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 Howard W. Prescott, Chgo. Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Anomies incompatible with life ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) multiple Congenital anomies DUE TO (c) Hydrocephalus absence of Secondary II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Very characteristic low Extremities not completely formed				INTERVAL BETWEEN ONSET AND DEATH 752x	
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 9/28/1957 , to 9/28 , 19 57 , that I last saw the deceased alive on 9/28 , 19 57 , and that death occurred at 3:55 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE Lee E. Davidson DO				23b. ADDRESS 3504 Trow		23c. DATE SIGNED 10-13-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Retained		24b. DATE 9-28-57		24c. NAME OF CEMETERY OR CREMATORY Conley Hosp.		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 11-4-57		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Conley Hosp. K.C. Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Lee E. Davidson



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.