

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44245

STATE FILE NUMBER

FILED JAN 8 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5874

S. 300
v. 1-57

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) Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) Children's Mercy Hosp.		d. STREET ADDRESS (If outside, give location) 1507 E. 8 St.	
3. NAME OF DECEASED (Type or print) Deborah Marie Blair		4. DATE OF DEATH Month Dec. Day 12 Year 1957	
5. SEX Female	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 Feb. 19, 1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1
11. BIRTHPLACE (City and state or country) Martinsburg, W. Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Blair		13b. MOTHER'S MAIDEN NAME Bonnie McGonnigil	
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 Bonnie Blair		Address 1507 East 8 St K.C., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalitis Acute Unknown			INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____			082X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <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 12-10-57 to 12-12-57 and last saw her/him alive on 12-12-57 Death occurred at 12:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Wayne Hart</i>		22b. ADDRESS Mercy Hospital.	
22c. DATE SIGNED 12-12-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 11, 1957	
23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cem.		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Mrs. C. L. Forster Funeral Home Inc.		25. DATE RECD. BY LOCAL REG. 12.13-57	
26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Wayne Hart
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



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 *J. Virgil Kesseler*
Licensed Embalmer No. *3599*
P. O. Address *P. O. Mo.*

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.