

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI 97907-57
STANDARD CERTIFICATE OF DEATH

State File No. **44326**

BIRTH NO. 0 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5740

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, rural</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		6 <u>000</u> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1701 East 64th Street, North</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Kristi</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>East</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 2, 1957</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) <u>Newborn</u>	8. DATE OF BIRTH <u>December 2, 1957</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours <u>30</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Robert Ernest East</u>	13b. MOTHER'S MAIDEN NAME <u>Winnifred Lee Summa</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert East</u> ADDRESS <u>K.C. North, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Long, difficult labor</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7600</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from 12-2-57, 1957, to 12-2-57, 1957, that I last saw the deceased alive on 12-2-57, 1957, and that death occurred at 9:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Milton Langhus</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>10 Kansas City Mo</u>	23c. DATE SIGNED <u>12-3-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-3-1957</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Albany, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-4-57</u>	REGISTRAR'S SIGNATURE <u>Mewa Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stine & McClure Und. Co. KC, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Milton Langhus



77. H. C. 20055. *copy 2*
Box 1-0058
License 4:30 or 5:00

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 _____
Student Embalmer

Signed Elmo D. Traylor

Licensed Embalmer No. 4817

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.