

Health,
Welfare
Public
Service

FILED FEB 13 1958

STANDARD CERTIFICATE OF DEATH 98700-57

STATE FILE NUMBER 269

16679

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

300 0
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) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		d. STREET ADDRESS 6205 FOREST AVE. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Russell John SLATER			4. DATE OF DEATH Month Day Year JAN. 15, 1958		
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5. SEX MALE	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 DEC. 24, 1957	9. AGE (In years last birthday) 21	10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Briesch SLATER	13b. MOTHER'S MAIDEN NAME Betty Margaret Christenson	14. NAME OF HUSBAND OR WIFE - - - - -
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT John B. Slater	Address 6205 FOREST AVE KANSAS CITY, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYALINE MEMBRANE DISEASE		INTERVAL BETWEEN ONSET AND DEATH 22 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) PREMATURITY		22 DAYS
DUE TO (c)		
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.)
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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
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21. I attended the deceased from 12-24-57 to 1-15-58 and last saw him alive on 1-15-58 Death occurred at 12 NOON m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE D.J. Buddrus (Degree or title) M.D.	22b. ADDRESS 6247 Brookside	22c. DATE SIGNED 1-16-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN. 19, 1958	23c. NAME OF CEMETERY OR CREMATORY FOREST Hill CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo ADDRESS 1231 BASH CREEK	25. DATE RECD. BY LOCAL REG. 1-19-58	26. REGISTRAR'S SIGNATURE Neva Marshall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
D. J. Buddrus

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



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 *W. J. Telam*

Licensed Embalmer No. *44621*

P. O. Address *Kansas City*

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.