

Health,
Welfare
Public
Service

300
-57

All diseases in Part I must be causally related.

Charles A. Pignotti, Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 9008-58

STATE FILE NUMBER 1450

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 192

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	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Conley Maternity Hospital		d. STREET ADDRESS 619 Garfield	
Length of stay in lb 3 Da.		(If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Darrell J. States			4. DATE OF DEATH I-12*58		
First Middle Last			Month Day Year		

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 I-9-58	9. AGE (In years last birthday)	10. F UNDER 1 YEAR Months 3	11. IF UNDER 24 HRS. Hours Min.
-------------	------------------------	---	-------------------------	---------------------------------	-----------------------------	---------------------------------

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 country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	-------------------------------------

13a. FATHER'S NAME Ronald D. States	13b. MOTHER'S MAIDEN NAME Barbara Meade	14. NAME OF HUSBAND OR WIFE
-------------------------------------	---	-----------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Ronald D. States (Father)
---	------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Anoxia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____		7950
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.)
---	--

20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m.	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 1-9-58 to 1-12-58 and last saw ^{PREP} him alive on 1-12-58 Death occurred at 12:10 AM on the date stated above; and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE (Degree or title) Charles A. Pignotti, Do	22b. ADDRESS 2105 Independence K.C. Mo	22c. DATE SIGNED 1-12-58
--	--	--------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE I-13-58	23c. NAME OF CEMETERY OR CREMATORY Chapel Hills Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
--	-------------------	--	---

24. FUNERAL DIRECTOR ADDRESS Simmons Funeral Home K.C., K.	25. DATE RECD. BY LOCAL REG. 1-13-58	26. REGISTRAR'S SIGNATURE neva menshall
--	--------------------------------------	---

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

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 *Donan K. James*

Licensed Embalmer No. *4828*

P. O. Address *K. C. K.*

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.