No. 300
10.48

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7876-58

58-005553
State File No.

505
Registrar's No.

BIRTH NO. D REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN KANSAS CITY
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) QUEEN OF THE WORLD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 2536 BALES

3169

3. NAME OF DECEASED (Type or Print)
a. (First) BRENDA
b. (Middle) DIANE
c. (Last) HAMPTON

4. DATE OF DEATH (Month) 1 (Day) 29 (Year) 58

5. SEX FEMALE 3

6. COLOR OR RACE NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0

8. DATE OF BIRTH 1-29-58

9. AGE (In years last birthday)

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours 4 / Min. 17

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 Foreign Country) KANSAS CITY MO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES EDWARD HAMPTON

13b. MOTHER'S MAIDEN NAME SUSIE LEE WILKIN

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Susie Hampton
ADDRESS 2536 Bales K.C.Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of lung

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage and edema of the leptomeninges, marked

INTERVAL BETWEEN ONSET AND DEATH
7605

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

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) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-29-, 19~~58~~, *to* 1-29-, 19~~58~~, *that I last saw the deceased alive on* 1-29-, 19~~58~~ *and that death occurred at* 3:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Eugene P. Chatman (Degree or title) M.D.

23b. ADDRESS 2202 East 18th St

23c. DATE SIGNED 1-31-58

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-31-58

24c. NAME OF CEMETERY OR CREMATORY Lincoln

24d. LOCATION (City, town, or county) (State) K.C. Mo

DATE REC'D BY LOCAL REG. 1-31-58

REGISTRAR'S SIGNATURE Neva Minshall

25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros Funeral Home

ADDRESS 18th & Benton

(Licensed Embalmer's Statement on Reverse Side)

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

Eugene P. Chatman

Ch 1-4604.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bruce L. Watkins

Licensed Embalmer No. 45

P. O. Address 18th & Be

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.