Health, Welfare Public Service

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FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI 7975-58

STANDARD CERTIFICATE OF DEATH

58-005583
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 394

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City. Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside Length of stay in Ib Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Wyandotte
c. CITY OR TOWN Kansas City Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 21 So Coy Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ~~Baby~~ Middle GLORIA JEAN Last Hiatt

4. DATE OF DEATH Month Jan Day 24 Year 58

5. SEX Girl 6. COLOR OR RACE W 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Jan 24-58

9. AGE (If years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) K.C. Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Donald H. Hiatt

13b. MOTHER'S MAIDEN NAME Shirley Raney

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) no

16. SOCIAL SECURITY NO. No

17. INFORMANT Mrs. Hiatt Address 21 So Coy K.C. Kas

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Erythroblastosis Fetalis. — INTERVAL BETWEEN ONSET AND DEATH 45 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Respiratory arrest
DUE TO (c) Hypostatic Pneumonia — 7 hrs
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 ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 WORK ☐ NOT WHILE AT WORK ☐

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 Jan. 24, 1958 to Jan 24, 1958 and last saw her/him alive on Jan 24, 1958
Death occurred at 10:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. D. Schwab (Degree or title) DO

22b. ADDRESS Grandview, Mo

22c. DATE SIGNED 1-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Jan ~~12~~ 24-58

23c. NAME OF CEMETERY OR CREMATORY Pleasant Valley Cemetery

23d. LOCATION (City, town, or county) (State) Stanley, Kansas

24. FUNERAL DIRECTOR E. Paul Amos ADDRESS Shawnee, Kansas

25. DATE RECD. BY LOCAL REG. 1-25-58

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

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

J. D. Schwab

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 Eugene P. Amos
Eugene P. Amos

Licensed Embalmer No. 5023

P. O. Address Shawnee, Kansas

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.