

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009919
STATE FILE NUMBER
1157

FILED MAR 19 1958

Registration District No. 149 Primary Registration District No. 1005

Registrar's No. 1157

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City Mo</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City Mo</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Doctors Hospital</i>		Length of stay in lb <i>Life</i>	d. STREET ADDRESS (If outside, give location) <i>2305 Elmwood</i>
3. NAME OF DECEASED (Type or print) First <i>Infant</i> Middle <i>Epps</i> Last <i>Epps</i>		4. DATE OF DEATH Month <i>3</i> Day <i>3</i> Year <i>1958</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-1-1958</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Baby</i>	11. BIRTHPLACE (City and state or country) <i>Kansas City, Mo</i>
13a. FATHER'S NAME <i>Michael Epps</i>		13b. MOTHER'S MAIDEN NAME <i>Thelma Thomas</i>	14. NAME OF HUSBAND OR WIFE <i>none</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT Address <i>Michael Epps 2305 Elmwood</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Anoxia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>95³/₈</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>multiple Congenital Malformation</i>			
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 type="checkbox"/> NO <input checked="" 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.) <i>2</i>		
20c. TIME OF INJURY Hour _____ 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 <i>3-1-58</i> to <i>3-3-58</i> and last saw him alive on <i>3-2-58</i> Death occurred at <i>3:30 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
SIGNATURE (Degree or title) <i>George F. Clark D.O.</i>		22b. ADDRESS <i>4329 Broadway</i>	
22c. DATE SIGNED <i>3-3-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>3-4-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Forest Hill</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City Mo</i>
24. FUNERAL DIRECTOR <i>Francis-Wornall Funeral Home</i>	ADDRESS <i>3-4-58</i>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

George F. Clark

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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 *Russell N France*

Licensed Embalmer No. *4255*

P. O. Address *Kc 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.