

FILED APR 2 1958

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 141

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Indep. San &amp; Hosp.</b>		Length of stay in 1b <b>2 hrs.</b>	d. STREET ADDRESS (If outside, give location) <b>8312 Winner Rd.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Rodney</b> Middle <b>Lee</b> Last <b>Askew</b>			4. DATE OF DEATH Month <b>March</b> Day <b>18</b> Year <b>1958</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 18, 1958</b>		9. AGE (In years last birthday) F UNDER 1 YEAR Months Days Hours 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INFANT</b>	11. BIRTHPLACE (City and state or country) <b>Independence, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>United States</b>
13a. FATHER'S NAME <b>Kenneth Lee Askew</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Louise Bennett</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Kenneth L. Askew 8312 Winner Rd. K C. Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hyaline Pulmonary Membrane</b> DUE TO (b) <b>Dextro Cardia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause first. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Dextro Cardia &amp; Bilateral absence of testes</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b> <b>2 hours</b>
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 <b>Mar 18 / 1958</b> to <b>Mar 18 / 1958</b> and last saw him alive on <b>3 / 18 / 58</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Fred W. Link M.D.</b>			22b. ADDRESS <b>10229 Indep. Ave. K C Mo</b>		22c. DATE SIGNED <b>3-20-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>March 20-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Md. Grove Cem</b>		23d. LOCATION (City, town, or county) (State) <b>Independence, Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>Geo. C. CARSON &amp; Sons Indep., Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>3-20-58</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

MAR 31 1958

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 *H. Gibson* .....

Licensed Embalmer No. *4871* .....  
P. O. Address *Fudrop, Ma.* .....

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.