

FILED MAR. 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7976-58 **58-010328**
State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4237 Registrar's No. 62

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, write RURAL and give town) OR TOWN Lee's Summit		c. CITY OR TOWN Lee's Summit	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 8 weeks		e. STREET ADDRESS (If rural, give location) 200 Madison St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 200 Madison St.			
3. NAME OF DECEASED (Type or Print) a. (First) Jennine b. (Middle) ----- c. (Last) Hibbard		4. DATE OF DEATH (Month) (Day) (Year) March 13, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 7, 1958
9. AGE (In years last birthday) 9 Weeks	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby	10b. KIND OF BUSINESS OR INDUSTRY Baby	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Sam Hibbard	13b. MOTHER'S MAIDEN NAME Jeanne Charles	14. NAME OF HUSBAND OR WIFE Baby	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Baby	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Sam Hibbard, Lee's Summit, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Croupical Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES		DUE TO (b) Congenital anomalies of the lungs 3 mo	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Left Pallet 3 mo	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO Unperfected coronaries 3 mo	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	7590	
20. AUTOPSY? 2	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-7-1958 , to 3-13-1958 , that I last saw the deceased alive on 3-13-1958 , and that death occurred at 8:15 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Clint Miller (Degree or title)	23b. ADDRESS Lee's Summit Mo	23c. DATE SIGNED 3/13/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 14, 1958	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 3-14-1958	REGISTRAR'S SIGNATURE J. B. Langford	25. FUNERAL DIRECTOR'S SIGNATURE Langford Funeral Home ADDRESS Lee's Summit, Missouri	

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

7001

No. 300
10. 48

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 *Not Embalmed*

Licensed Embalmer No.....

P. O. Address

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.