

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

236 82-58

58-014067

STATE FILE NUMBER

FILED MAY 9 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1946

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1-57 0

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Overland Park		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center		Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) 7338 Glenwood Lane		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Baby Girl Baumgartner			4. DATE OF DEATH Month 4 Day 5 Year 58		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-5-58		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 7 Days 37 IF UNDER 24 HRS. Hours 7 Min. 37
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM H. BAUMGARTNER		13b. MOTHER'S MAIDEN NAME MARY JANE HADEN	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, NO or unknown) (If yes, give NO or dates of service)		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT William Baumgartner		Address Overland Park, Kans.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive atelectasis, lungs DUE TO (b) prematurity (1600 gms) DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
INTERVAL BETWEEN ONSET AND DEATH 7625		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 58		COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 8:40 AM on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Robert C. Jeffries		22b. ADDRESS 6314 Brookside Plaza	
22c. DATE SIGNED 4-14-58		23a. BURIAL, CREMATION, RE _____		23b. DATE _____	
23c. NAME OF CEMETERY OR CREMATORY body was signed over to the DEPARTMENT OF PATHOLOGY		23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR FOR SCIENTIFIC PURPOSES.	
25. DATE RECD. BY LOCAL REG. 4-16-58		26. REGISTRAR'S SIGNATURE neva minshall			

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

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Robert C. Jeffries M. D.



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

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.

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