

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23845-58

58-014112

STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1684

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>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY <b>INDEPENDENCE</b> OR TOWN <b>KANSAS CITY</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RESEARCH HOSP.</b>		Length of stay in 1b <b>1 DAY</b>	d. STREET ADDRESS (If outside, give location) <b>306 PECK DR.</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <b>KATHY ELLEN CHILCUTT</b>			4. DATE OF DEATH Month Day Year <b>MARCH 31, 1958</b>		
5. SEX <b>FEMALE</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 31, 1958</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min <b>9 15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>KANSAS CITY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>GEORGE W. CHILCUTT</b>		13b. MOTHER'S MAIDEN NAME <b>LANRA ERMA BROWN</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 <b>GEO. W. CHILCUTT</b> Address <b>306 PECK DR. INDEPENDENCE, 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>Internal Crystalline</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs 15 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Failure of respiratory center</b>	
	DUE TO (c) <b>Prematurity</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, (if not related to the terminal disease condition given in PART I (a)) <b>28 weeks gestation</b>		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 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 **3/31/58** to **3/31/58** and last saw her <sup>her</sup> ~~him~~ alive on **3/31/58**  
Death occurred at **12 Noon** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Claude C. Farley</b> (Degree or title) <b>MD.</b>	22b. ADDRESS <b>4526 Paseo, KCMO.</b>	22c. DATE SIGNED <b>3/31/58.</b>
--	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>APR 1-1, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ASH GROVE</b>	23d. LOCATION (City, town, or county) (State) <b>ASH GROVE, MISSOURI</b>
---	-----------------------------------	--	---

24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS K.C., MO</b>	25. DATE RECD. BY LOCAL REG. <b>4-1-58</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Claude C. Farley

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. 4421

P. O. Address Kansas City

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.