THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-018633

STATE FILE NUMBER 2184

FILED MAY 23 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas city — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION 23 + Manchester — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE UNK b. COUNTY 3908
c. CITY OR TOWN UNK — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) UNK — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First UNK. Middle Last INFANT
4. DATE OF DEATH Month Day Year 4-25-58

5. SEX UNK
6. COLOR OR RACE UNK
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH UNK.
9. AGE (In years last birthday) UNK — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) UNK.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME UNK
13b. MOTHER'S MAIDEN NAME UNK
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cause of death unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Skeletons of infant appeared
DUE TO (c) to be a full term child or infant

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) found in Vacant Lot. 7955

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson 123 STATE MO

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh H. Owens (Degree or title) Coroner
22b. ADDRESS 1034 Pratte Bldg
22c. DATE SIGNED 4-29-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 4-30-58
23c. NAME OF CEMETERY OR CREMATORY Mt Washington
23d. LOCATION (City, town, or county) Kansas City (State) Mo.

24. FUNERAL DIRECTOR Shultz Funeral Home K.C. Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 4-29-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Hugh H. Owens

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.