

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021255
STATE FILE NUMBER

37761-58
FILED JUN 23 1958 Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NORTH KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 52080 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSP		Length of stay in 1b 1 DAY	d. STREET ADDRESS (If outside, give location) 106 W 67th ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MINDY Middle SUE Last BURTON			4. DATE OF DEATH Month JUNE Day 5 Year 1958		
--	--	--	---	--	--

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 JUNE 4 1958	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1 Days 7 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
----------------------	-------------------------------	---	--	---	---	--

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

13a. FATHER'S NAME Glen BURTON	13b. MOTHER'S MAIDEN NAME Shirley Ebling	14. NAME OF HUSBAND OR WIFE —
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. —	17. INFORMANT Glen BURTON 106 W 67th K.C. 16, Mo. Address
--	-------------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY FAILURE		INTERVAL BETWEEN ONSET AND DEATH 18 HRS -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ERYTHROBLASTOSIS FETALIS DUE TO Rh INCOMPATIBILITY	
	DUE TO (c) 7700	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 2:30 Month 5 Day 58 Year 58 a.m. p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 6-5-58	COUNTY CLAY	STATE MO
--	--	---	-----------------------	--------------------

20d. INJURY OCCURRED WHILE AT WORK <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 6-5-58	COUNTY CLAY	STATE MO
--	--	---	-----------------------	--------------------

21. I attended the deceased from **6-4-58** to **6-5-58** and last saw her/him alive on **6-5-58**
Death occurred at **2:30 PM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Therese J. Sawars	(Degree or title) 0	22b. ADDRESS 329 ARMOUR RD. NOKOMO	22c. DATE SIGNED 6/6/58
--	-------------------------------	--	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-7-58	23c. NAME OF CEMETERY OR CREMATORY East Slope Cem	23d. LOCATION (City, town, or county) (State) Platte County Mo
--	----------------------------	---	--

24. FUNERAL DIRECTOR D.W. Neukom's Son N.K.C. Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 6-7-58	26. REGISTRAR'S SIGNATURE Marguerite Hudgens
--	---------	---	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diagnoses in Part I must be causally related.



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 *John W. Kalsbeek*

Licensed Embalmer No. *4949*
P. O. Address *No. Kansas St.*

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.