

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025406

STATE FILE NUMBER
3277

64049-117
FILED JUL 25 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 3277

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-57 D

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Conley Maternity Hospital		Length of stay in lb. 9 Hrs. 22 min.	d. STREET ADDRESS (If outside, give location) 619 Garfield Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle KEVIN Last CONNAIR			4. DATE OF DEATH Month JULY Day 2, Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> INFANT <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7/2/58	
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) KANSAS CITY, MO.	
13a. FATHER'S NAME Robert J. Connair		13b. MOTHER'S MAIDEN NAME Mary Margaret Boerger	14. NAME OF HUSBAND OR WIFE Infant	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFANT Address Robert Connair 3223 HARDESTY DR.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atelectasis		INTERVAL BETWEEN ONSET AND DEATH 9 hr. 22 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Prematurity	DUE TO (c)	
	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 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 DAYTON, OHIO		COUNTY DAYTON STATE OHIO

21. I attended the deceased from **7-2-58** to **7-2-58** and last saw her alive on **7-2-58**
Death occurred at **7-2-58 4:52 P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Myron D. Jones (Degree or title) DO	22b. ADDRESS 926 E 11th	22c. DATE SIGNED 7-3-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 7-7-58	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) DAYTON, OHIO
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24. FUNERAL DIRECTOR MELLODY MCGILLEY EYLAR	ADDRESS K.C. MO.	25. DATE RECD. BY LOCAL REG. 7-3-58	26. REGISTRAR'S SIGNATURE Neva Marshall
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LINWOOD & WOODLAND (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Myron D. Jones
All diseases 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 *Arthur Eugene Wood*

: Licensed Embalmer No. *4912*
P. O. Address *K.C. Mo.*

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.