

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025556

STATE FILE NUMBER

3390

FILED JUL 30 1958

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

1. PLACE OF DEATH <i>Childrens Mercy Hospital</i>		2. USUAL RESIDENCE <i>Where deceased lived. If institution: Residence before/</i>	
a. COUNTY <i>Jackson</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	a. STATE <i>Missouri</i>	b. COUNTY <i>Jackson</i>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Richmond 8130</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Childrens Mercy</i>	Length of stay in 1b <i>13 hr + 5 min</i>	d. STREET ADDRESS (If outside, give location) <i>2929 Main W.S.W.H. St.</i>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Mary</i> Middle <i>Houseman</i> Last <i>Houseman</i>	4. DATE OF DEATH Month <i>7</i> Day <i>10</i> Year <i>58</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>7-9-58</i>	9. AGE (In years last birthday) <i>14</i>	IF UNDER 1 YEAR Months <i>5</i> Days <i>7</i>	IF UNDER 24 HRS. Hours <i>57</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and state or country) <i>Kansas City, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME <i>Bea Blanche Houseman</i>	14. NAME OF HUSBAND OR WIFE <i>none</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>V. Zalkowsky R.M.</i> Address <i>Willows Hospital, K.C. Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Atelectasis, bilateral</i> DUE TO (b) <i>Prematurity</i> 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 <i>7625</i>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ p.m.	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 COUNTY STATE
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21. I attended the deceased from <i>7-9-58</i> to <i>7-10-58</i> and last saw ^{her} _{him} alive on <i>7-10-58</i> Death occurred at <i>145/AM</i> A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Clodw. Smull</i>	22b. ADDRESS <i>1710 Indep Ave</i>	22c. DATE SIGNED <i>7-10-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>7-11-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>GREEN LAWN</i>	23d. LOCATION (City, town, or county) (State) <i>KANSAS CITY, Mo.</i>
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24. FUNERAL DIRECTOR ADDRESS <i>FREEMAN MORTUARY</i>	25. DATE RECD. BY LOCAL REG. <i>7-11-58</i>	26. REGISTRAR'S SIGNATURE <i>neva Marshall</i>
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K. C. Mo. (Licensed Embalmer's Statement on Reverse Side)

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

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

Ned W. Smull, M.D.

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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 Walter H. Erwin

Licensed Embalmer No. 4352

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.