

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025852
State File No.

FILED JUL 25 1958

3291
Registrar's No.

BIRTH NO. 9711-58 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Robert F. Latta

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>10 minutes</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
f. STREET ADDRESS <u>3926 Norledge</u>			
3. NAME OF DECEASED a. (First) <u>Terry</u> b. (Middle) <u>Lynn</u> c. (Last) <u>Watson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 18 58</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>never</u>	8. DATE OF BIRTH <u>6-18-58</u>
9. AGE (in years last birthday) <u>0</u>		10. MONTHS <u>0</u>	11. DAYS <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Gerald Thomas Watson</u>		13b. MOTHER'S MAIDEN NAME <u>Alma Lee Lundy</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alma Watson</u>		ADDRESS <u>3926 Norledge K.C. Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>one lb. one oz. premature</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-18 1958</u> , to <u>6-18 1958</u> , that I last saw the deceased alive on <u>6-18-58</u> , and that death occurred at <u>8:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert F. Latta</u> (Degree or title) <u>M.D. Professional Bldg</u>		23b. ADDRESS <u>6/25/58</u>	
24a. BURIAL, CREMATION, REBURY (Specify)		24b. DATE <u>28 June 58</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Laboratory</u>		24d. LOCATION (City, town, or county) (State) <u>30th Wyandotte K.C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-3-58</u>		REGISTRAR'S SIGNATURE <u>Irene Marshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Trinity Lutheran Hosp. K.C. Mo.</u>		ADDRESS <u>Mo.</u>	



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
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 this body is not embalmed, fact should be so stated above.