

THE DIVISION OF HEALTH OF MISSOURI 64351-58  
STANDARD CERTIFICATE OF DEATH

58-029121  
State File No. ....

FILED AUG 27 1958

3896

BIRTH NO. 2		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3896	
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) OR TOWN <u>Kansas City Mo.</u>		c. LENGTH OF STAY (In this place) <u>1 hr</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3330 1/2 E 18th St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Gladys</u>		b. (Middle) <u>Elaine</u>		c. (Last) <u>Henley</u>	
4. DATE OF DEATH		(Month) <u>8</u>		(Day) <u>10</u>		(Year) <u>58</u>	
5. SEX <u>Girl</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>8-10-58</u>	
9. AGE (In years last birthday) <u>1 mo.</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>20</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u>20</u>			
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henley, Sam Talmadge Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Verma Gladys Henley</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sam T Henley, Jr.</u>		ADDRESS <u>9330 1/2 E 18th St.</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accepted placenta</u>				MEDICAL CERTIFICATION	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH  <u>7615</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity, 28 weeks</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		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>8-10</u> , 19 <u>58</u> , to <u>8-10</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>8-10</u> , 19 <u>58</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>1107 Bryant St., Kansas City, Mo.</u>	
23c. DATE SIGNED <u>8/12/58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 12, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		DATE REC'D BY LOCAL REG. <u>8-13-58</u>		REGISTRAR'S SIGNATURE <u>Neve Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kilka Funeral Home</u>	
				ADDRESS <u>2315th Street</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
High C. Hamilton

STATEMENT BY LICENSED EMBALMER

105

not

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ embalmed  
by me, or by not embalmed..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Chas E Wilks.....

Licensed Embalmer No 2644

P. O. Address 19 C.M.O.

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.