Health,
& Welfare
Public
Service

S. 300
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THE DIVISION OF HEALTH OF MISSOURI 73650-58

STANDARD CERTIFICATE OF DEATH

58-029181
STATE FILE NUMBER

FILED SEP 5 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3927

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Gen'l Hosp. #1 — Length of stay in 1b: 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1225 Penn — Reside on Farm: Yes [ ] No [X]

3. NAME OF DEACESED (Type or print): First: Baby Middle: Female Last: Maines

4. DATE OF DEATH: Month 8 Day 12 Year 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 8-9-58

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 3 IF UNDER 24 HRS. Hours: Min.:

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): K.C. Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Lester H. Maines

13b. MOTHER'S MAIDEN NAME: Madeline M. Dipon

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Lester H. Maines Address: 1225 Penn KCMo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 with probable hyaline membranes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 7610
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Abrupto placenta maternal

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-9-58, to Aug. 12, 1958 and last saw her/him alive on Aug. 12, 1958
Death occurred at 6:55 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. I. Burns, M.D.

22b. ADDRESS: 24th & Cherry

22c. DATE SIGNED: 8-13-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8-19-58

23c. NAME OF CEMETERY OR CREMATORY: Leeds

23d. LOCATION (City, town, or county) (State): Kansas City Mo

24. FUNERAL DIRECTOR: Wm A. Lohmeyer Address: K.C. Mo

25. DATE RECD. BY LOCAL REG.: 8-15-58

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

B. I. Burns

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 Not Embalmed, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Wm. A. Lohmeyer

Licensed Embalmer No. 3089

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.