

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033084

STATE FILE NUMBER

9243-58  
FILED OCT 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4441

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hosp #1</b>		Length of stay in <b>Life</b>	d. STREET ADDRESS (If outside, give location) <b>601 1/2 E. 5th.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Whitehead Infant</b>			4. DATE OF DEATH Month Day Year <b>7/18/58</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>W/ Colored</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7/18/58</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min. <b>2</b>
10a. FATHER'S NAME <b>?</b>		10b. MOTHER'S MAIDEN NAME <b>Marethia Cleo Whitehead</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City Mo.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <b>none</b>
17. INFORMANT <b>Record Clerk</b> Address <b>R C Van Boght #4</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>prematurity</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>776+</b>
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 Month, Day, Year 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	COUNTY STATE
21. I attended the deceased from <b>8:00 P.M. 7/18/58</b> to <b>10:45 P.M. 7/18/58</b> and last saw her alive on <b>7-18-58</b> . Death occurred at <b>10:45 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R. I. Burns, M.D.</b>		22b. ADDRESS <b>24th &amp; Cherry, Kansas City, Mo</b>	22c. DATE SIGNED <b>9/16/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>Sept 22-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Deeds</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City MO</b>
24. FUNERAL DIRECTOR <b>Wm. Lohmeyer City</b>		25. DATE RECD. BY LOCAL REG. <b>9-18-58</b>	26. REGISTRAR'S SIGNATURE <b>new Minshall</b>

All diseases in Part I must be causally related. NO symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. Johnson

Licensed Embalmer No. 3089

P. O. Address K. C. M.

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.