

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039789

State File No. \_\_\_\_\_

FILED DEC 11 1958

BIRTH NO. 090143-58 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5619

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>KANSAS</b>		b. COUNTY <b>JOHNSON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>3 DAYS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>OVERLAND PARK</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RESEARCH HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>7425 HORTON 81508</b>			
3. NAME OF DECEASED a. (First) <b>JANICE</b>		b. (Middle) <b>LOUISE</b>		c. (Last) <b>ALLEY</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 28 58</b>		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Baby</b>		8. DATE OF BIRTH <b>NOV. 25, 1958</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>3</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baby</b>		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>DONALD WILSON ALLEY, SR.</b>		13b. MOTHER'S MAIDEN NAME <b>DOROTHY LOUISE JOY</b>	
14. NAME OF HUSBAND OR WIFE ---		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ---		16. SOCIAL SECURITY NO. ---	
17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Donald W. Alley</b> ADDRESS <b>7425 Horton Overland Park, KS</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</b>					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HYALINE MEMBRANE DISEASE</b>					
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>PREMATURITY (38 wks) (B.W. 4.4 12 kg)</b>					
DUE TO (c) ---					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>7925</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" 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)		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 <b>11-25, 1958</b> , to <b>11-28, 1958</b> , that I last saw the deceased alive on <b>11-27, 1958</b> , and that death occurred at <b>6:45 Am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD.</b>		23b. ADDRESS <b>4800 E. 24th</b>		23c. DATE SIGNED <b>11-28-58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov 28, 1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Johnson Co. Memorial Gardens</b>	
24d. LOCATION (City, town, or county) (State) <b>Highway 69 South of Overland Park, KS</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomers Sons</b> ADDRESS <b>5540 Johnson Dr. Mission, KS.</b>			
DATE REC'D BY LOCAL REG <b>11-29-58</b>		REGISTRAR'S SIGNATURE <b>neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomers Sons</b> ADDRESS <b>5540 Johnson Dr. Mission, KS.</b>	

(Licensed Embalmer's Statement on Reverse Side)

RECORD & STATISTICS SECTION

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 Robert Ray

Licensed Embalmer No. 4152

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to complete the above constitutes grounds for revocation of license.)

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