

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039950-  
STATE FILE NUMBER

90841-58  
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5196  
FILED NOV 19 1958

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1-57 0

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CLAY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY NORTH		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COMEY MATERNITY			Length of stay in <sup>1</sup> b 5 days		d. STREET ADDRESS (If outside, give location) 3510 E 53rd ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FRANCES ANN FRAM				4. DATE OF DEATH Month Day Year 11 2 58				
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10-28-58		9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months Days Hours Min. 0 5	IF UNDER 24 HRS. Hours Min. 0 5
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) KANSAS CITY MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME SAUL MARSHALL FRAM			13b. MOTHER'S MAIDEN NAME IDA PEARL GOREN			14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Dr. Samuel Salman K.C.MO.				
18. CAUSE OF DEATH (Only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEMORRHAGE INTO LUNGS & GI TRACT							INTERVAL BETWEEN ONSET AND DEATH 30 MIN.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) ERYTHROBLASTOSIS FETALIS.					5 days	
		DUE TO (c) Rh. INCOMPATIBILITY OF PARENTS.					PRENATAL	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ADRENAL INSUFFICIENCY, BONE MARROW DEPRESSION							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 WORK <input type="checkbox"/> 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 10/28/58 to 11-2-58 and last saw her alive on 11-1-58 Death occurred at 4:45 AM 11-2-58 m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Samuel Salman DO					22b. ADDRESS 208 Scarlett Acre		22c. DATE SIGNED 11-2-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 3 1958	23c. NAME OF CEMETERY OR CREMATORY MT. Carmel			23d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
24. FUNERAL DIRECTOR J.P. Louis Funeral Home K.C.Mo.				25. DATE RECD. BY LOCAL REG. 11-3-58		26. REGISTRAR'S SIGNATURE Iva Minshall		

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. J. Salman

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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 .....  
Signature of Student Embalmer

Signed *Henry Buffington* .....  
Licensed Embalmer No. *2756* .....  
P. O. Address *N. 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.