

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040017
STATE FILE NUMBER

8100-58
FILED DEC 8 1958
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5438

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
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 Independence, 7005
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Length of stay in 1b 1 week	d. STREET ADDRESS (If outside, give location) 120 No. Huttig
3. NAME OF DECEASED (Type or print) First Middle Last KIM RENEE JENKINS			4. DATE OF DEATH Month Day Year Nov. 14, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 22, 1958
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		9b. KIND OF BUSINESS OR INDUSTRY Infant	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 9 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and state or country) Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Keith Jenkins	
13a. FATHER'S NAME Keith Jenkins		13b. MOTHER'S MAIDEN NAME Donna Bland	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no np	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Keith Jenkins, 120 No. Huttig, Indep., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exploratory thoracotomy for atelectasis			INTERVAL BETWEEN ONSET AND DEATH 12 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) left lung congestive heart failure			2 weeks
DUE TO (c) Congenital Heart Disease (atrial septal defect & valvular)			10 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 75 lbs			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 11-7-58 , to 11-13-58 and last saw her ^{him} alive on 11-13-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Norman Prabson, M.D.		22b. ADDRESS 10901 Wiener Rd, Indep, Mo	22c. DATE SIGNED 11-14-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-15-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery	23d. LOCATION (City, town, or county) (State) Jackson County, Kansas City, Mo.
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons, Indep., Mo.		25. DATE RECD. BY LOCAL REG. 11-17-58	26. REGISTRAR'S SIGNATURE neva minshall

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *J. H. Gibson*

Licensed Embalmer No. *4871*
P. O. Address *Indep., 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.