

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044051
STATE FILE NUMBER 5985

FILED JAN 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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| 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 type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General #2 | | Length of stay in 1b Life | d. STREET ADDRESS 2611 Forest |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Infant Criswell | 4. DATE OF DEATH Month Day Year December 14, 1958 |
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|-------------|------------------------|---|---------------------------------------|--------------------------------------|-----------------------------|----------------------------------|
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH December 12, 1958 | 9. AGE (In years last birthday) 2 | IF UNDER 1 YEAR Months 2 | IF UNDER 24 HRS. Hours 5 Min. |
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| 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. |
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| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Grace Bridges | 14. NAME OF HUSBAND OR WIFE None |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Grace Criswell | Address 2611 Fore st |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity | | 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) | |
| 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"/> |

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| 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.) 776 x |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <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 |
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| 21. I attended the deceased from 10:20 A on 12-12-58 to 12-14-58 and last saw her alive on 12-14-58 Death occurred at 10:20 A m on the date stated above; and to the best of my knowledge, from the causes stated. | 22a. SIGNATURE Nanni Reed, MO | 22b. ADDRESS 600 East 22nd Street | 22c. DATE SIGNED 12-16-58 |
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| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial | 23b. DATE 12-29-58 | 23c. NAME OF CEMETERY OR CREMATORY Leeds | 23d. LOCATION (City, town, or county) (State) Kansas City MO |
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| 24. FUNERAL DIRECTOR Anna L. Tompkins, R.C. MO | ADDRESS | 25. DATE RECD. BY LOCAL REG. 12-18-58 | 26. REGISTRAR'S SIGNATURE neve trinchell |
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All diseases in Part I must be causally related.

E. Frank Ellis USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. Schuyler

Licensed Embalmer No. 3089
P. O. Address 150 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.