

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005610

STATE FILE NUMBER

611

0 FEB 19 1959		Registration District No. 149		Primary Registration District No. 1022		Registrar's No. 611	
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 ☒ No ☐		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD 16 DAYS		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 2421 Brooklyn		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last INFANT HILL				4. DATE OF DEATH Month Day Year 1-29-59			
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH 1-18-59	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		9b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 11		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) K.C. MISSOURI				12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME OLLIE HILL				14. MOTHER'S MAIDEN NAME FRANCES MARIE LEWIS			
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. -		17. INFORMANT Address ollie Hill - 2421 Brooklyn			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMATURITY DUE TO PREMATUREITY 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 ☒ NO ☐							
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		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 1-18-59 to 1-29-59 and last saw her alive on 1-29-59 Death occurred at 7:00 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Leroy Hough				22b. ADDRESS 2200 E 18th St		22c. DATE SIGNED 2-2-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-7-59		23c. NAME OF CEMETERY OR CREMATORY Lincoln		23d. LOCATION (City, town, or county) (State) K.C. Mo.	
24. FUNERAL DIRECTOR ADDRESS Watkins Bros. 18th & Benton				25. DATE RECD. BY LOCAL REG. 2-2-59		26. REGISTRAR'S SIGNATURE Neva Marshall	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

h, are ic ice 0 56 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Leroy Hough

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *James R. Watkins*

Licensed Embalmer No... *45*

P. O. Address... *18th Y*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.