

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005821

STATE FILE NUMBER

836

FILED FEB 27 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>KANSAS CITY</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>QUEEN OF THE WORLD</u> Length of stay in 1b <u>2 days</u> | | d. STREET ADDRESS (If outside, give location) <u>4045 ASKEW</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>Sullivan</u> Middle <u> </u> Last <u>RAINEY Jr.</u> | | | 4. DATE OF DEATH Month <u>FEBRUARY</u> Day <u>11</u> Year <u>1959</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>NEGRO</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>FEBRUARY 9, 1959</u> | 9. AGE (In years last birthday) <u>2</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>KANSAS CITY, MO.</u> | |
| 13. FATHER'S NAME <u>SULLIVAN RAINEY</u> | | | 14. MOTHER'S MAIDEN NAME <u>MILLER JEAN WARREN</u> | | |
| 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. <u>none</u> | | 17. INFORMANT Address <u>MILLER JEAN WARREN 4045 ASKEW K.C. MO.</u> | |

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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) <u>Patchy hemorrhages & atelectasis of lungs.</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO (b) <u>Attempted surgical operation ^{correction} of congenital eversion of the intestines. Generalized peritonitis</u> | | |
| DUE TO (c) <u>Congenital absence of ant. abdominal wall</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>7593</u> | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <u>Pseudomembranous enterocolitis</u> | |
| 20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u> | | |
| 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 <u>2-9-59</u> to <u>2-11-59</u> and last saw her alive on <u>2-11-59</u> Death occurred at <u>9:30 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE <u>Carl M. Peterson</u> (Degree or title) | 22b. ADDRESS <u>2462 A Brooklyn</u> | 22c. DATE SIGNED <u>2/13/59</u> |

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| 23a. BURIAL CREMATION, REMOVAL (Specify) | 23b. DATE <u>2-11-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u> |
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| 24 FUNERAL DIRECTOR <u>Watkins Bros. Funeral Home 18th Benton</u> | 25. DATE RECD. BY LOCAL REG. <u>2-13-59</u> | 26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Carl M. Peterson

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..... *James R. Watkins*

Licensed Embalmer No... *45*

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

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.