

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013332

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1812

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 Kansas City TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR Kansas City TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR General Hospital INSTITUTION		Length of stay in lb Life	d. STREET (If outside, give location) ADDRESS 1424 Holmes
3. NAME OF DECEASED (Type or print) First Infant Middle Last Haynes #2		4. DATE OF DEATH Month April Day 4 Year 1959	
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 April 4, 1959
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days	IF UNDER 24 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME	
13b. MOTHER'S MAIDEN NAME Velma Haynes		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		16. SOCIAL SECURITY NO. None	17. INFORMANT Velma Haynes Address 1424 Holmes
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Immature Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			INTERVAL BETWEEN ONSET AND DEATH
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.) 776X	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 4-4-59 to 4-4-59 and last saw her/him alive on 4-4-59 Death occurred at 5:30 P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS 6 00 E. 22nd Street	22c. DATE SIGNED 4-8-59
23a. BURIAL, CREMATION OR REMOVAL (Specify)	23b. DATE 4-16-59	23c. NAME OF CEMETERY OR CREMATORY Fields	23d. LOCATION (City, town, or county) (State) Kansas City MO
24. LOCAL DIRECTOR <i>[Signature]</i>	ADDRESS KC MO	25. DATE RECD. BY LOCAL REG. 4-10-59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

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

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 W. E. Eubank, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Wm. A. Johnson

Licensed Embalmer No. 3089

P. O. Address. N.C. 110

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.