Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013416
STATE FILE NUMBER

FILED MAY 1 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1777

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Wheatley Hospt. — Length of stay in Ib: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 2305 E. 23rd St. — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: INFANT Middle: Last: MC CORMICK

4. DATE OF DEATH: Month April Day 2 Year 1959

5. SEX: Male

6. COLOR OR RACE: Negro

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: April 1, 1959

9. AGE (In years last birthday): IF UNDER 1 YEAR — Months: Days: 1 — IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: —

13b. MOTHER'S MAIDEN NAME: Captolia McCormick

14. NAME OF HUSBAND OR WIFE: —

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: Captolia McCormick Address: 2305 E. 23rd St.

MEDICAL CERTIFICATION

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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Prematurity Five Months
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 776x

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 WORK [ ] 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 April 1, 1959, to April 2, 1959 and last saw her/him alive on April 2, 1959
Death occurred at 12:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): V. L. Dixon, M.D.
22b. ADDRESS: 2204½ East 18th Kansas City 27, Mo.
22c. DATE SIGNED: 4-4-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-7-59
23c. NAME OF CEMETERY OR CREMATORY: Highland Cemetery
23d. LOCATION (City, town, or county) (State): Kans. City, Missouri

24. FUNERAL DIRECTOR: Watkins Bros. Funeral Home ADDRESS: 18th & Benton
25. DATE RECD. BY LOCAL REG.: 4-7-59
26. REGISTRAR'S SIGNATURE: Neva Menaball

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

V. L. Dixon

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 Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Bent

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.