

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023394

FILED VS JUL 5 1960 149

Registration District No. 1002 Registrar's No. 3233

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	Length of stay in lb 2 1/2 hrs Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's		d. STREET ADDRESS (If outside, give location) 918 Washington	

3. NAME OF DECEASED (Type or print) First (Infant) BRIAN Middle Last SLAVIN			4. DATE OF DEATH Month June Day 18 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 18 June 60	9. AGE (last birthday) xxxx	IF UNDER 1 YEAR Months Days Hours 2 IF UNDER 24 HR 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Not App.	11. BIRTHPLACE (City and state or country) Kansas City Mo.		12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Patrick J. Slavin		13b. MOTHER'S MAIDEN NAME Emily A. Rodeman		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Patrick Slavin 918 Washington, KC Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH HAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity, Immaturity			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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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

21. I attended the deceased from **6-18-60** to **6-18-60** and last saw her/him alive on **6-18-60**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Thos. S. Alsop, Jr. M.D.		22b. ADDRESS 411 Nichols Rd. K.C. Mo		22c. DATE SIGNED 6-17-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 18 June 60	23c. NAME OF CEMETERY OR CREMATORY Resurrection	23d. LOCATION (City/town, or county) (State) Jefferson City Mo.	
24. FUNERAL DIRECTOR ADDRESS Melody-McSpiller-Fyler		25. DATE RECD. BY LOCAL REG. 6-18-60	26. REGISTRAR'S SIGNATURE Irene Marshall	

DOCUMENT

BY AFFIDAVIT OF **Webb S. Alsop, Jr.** MEDICAL CERTIFICATION

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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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James R. Phillips
Licensed Embalmer No. 464

P. O. Address K. City

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.