URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 5 1960

=60=023399

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3194

NDED

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 6 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wheatley Hospt. — Inside Limits: Yes ☒ No ☐

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): 1316 Paseo — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: KAREN Middle: R. Last: SMITH

4. DATE OF DEATH: Month June Day 11 Year 1960

5. SEX: Female

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6-11-1960

9. AGE (last birthday): IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HR: Hours 6 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

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

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Gilbert E. Smith

13b. MOTHER'S MAIDEN NAME: Othenia Fishback

14. NAME OF HUSBAND OR WIFE: —

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.: No

17. INFORMANT: Gilbert E. Smith Address: 1316 Paseo Father

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Anemia in Newborn - etiology Undetermined — INTERVAL BETWEEN ONSET AND DEATH: Acute
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. ☐ Yes ☐ No ☐ Unknown

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 6/11/60 to 6/11/60 and last saw her/him alive on 6/11/60
Death occurred at 11 AM/m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J S Johnson MD

22b. ADDRESS: 2202 E 18th St

22c. DATE SIGNED: 6-14-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-16-60

23c. NAME OF CEMETERY OR CREMATORY: Highland

23d. LOCATION (City, town, or county) (State): Kans. City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Watkins Bros. Funeral Home 18th & Benton

25. DATE RECD. BY LOCAL REG.: 6-16-60

26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF J. Johnson

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Bruce R. Wa

Signature of Student Embalmer

Licensed Embalmer No. 45 o

P. O. Address 18th & B

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