

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026869

FILED VS AUG 8 1960 149 Registration District No. Primary Registration District No. 1002 Registrar's No. 3777 STATE FILE NUMBER

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>  |   | Length of stay in 1b<br><b>12 Aes 25m</b>   | c. CITY OR TOWN <b>KANSAS CITY</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>BAPTIST MEMORIAL</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>1105 W 85 TERP.</b>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>BABY</b> Middle Last <b>GLUCK</b>  |   |   | 4. DATE OF DEATH<br>Month <b>6</b> - Day <b>14</b> - Year <b>60</b>  |  |  |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>6-14-60</b>   | 9. AGE (last birthday)<br><b>0</b>                                       | IF UNDER 1 YEAR<br>Months Days<br><b>12 25</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>infant</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>—  | 11. BIRTHPLACE (City and state or country)<br><b>KANSAS CITY, MO.</b>  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                             |  |
| 13a. FATHER'S NAME<br><b>ROBERT GLUCK</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>MARY ANN STARR</b>  |  | 14. NAME OF HUSBAND OR WIFE<br>—   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.<br>—  | 17. INFORMANT<br><b>MARY GLUCK</b> Address <b>KANSAS CITY, MO.</b>   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>atelectasis Bilateral Severe</b><br>DUE TO (b) <b>Prematurity</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |  |  | 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)  |   |   |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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<br>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 <b>6-14-60</b> to <b>6-14-60</b> and last saw <sup>her</sup> him live on <b>6-14-60</b><br>Death occurred at <b>5:30</b> <b>P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>Julius M. Kantor M.D.</b>   |   |   | 22b. ADDRESS<br><b>701 E 63 Kansas City Mo.</b>  |  | 22c. DATE SIGNED<br><b>July 12/60</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>CREMATION</b>  | 23b. DATE<br><b>6-15-60</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>HOSPITAL Disposal</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>KANSAS CITY, MO.</b> |  |
| 24. FUNERAL DIRECTOR<br><b>Baptist Mem Hoop. K.C. Mo.</b> ADDRESS  |   | 25. DATE RECD. BY LOCAL REG.<br><b>7-21-60</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Neva Marshall</b>  |  |  |

DOCUMENT

BY AFFIDAVIT OF JULIUS M. KANTOR, MEDICAL CERTIFICATION

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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