

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030426

FILED VS. SEP 6 1960 149

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4249

STATE FILE NUMBER

DED

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 TOWN Kansas City		Length of stay in 1b Life		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 8807 Indiana		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First INFANT DAVID Middle LESLIE Last BARTLETT				4. DATE OF DEATH Month August Day 18 Year 1960						
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8-14-60	9. AGE (last birthday) IF UNDER 1 YEAR Months 4 Days 4		IF UNDER 24 HR Hours 4 Min. 4				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Leslie Bartlett			13b. MOTHER'S MAIDEN NAME Virginia E. Smith			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 Mr. Leslie Bartlett - 8807 Indiana			Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO (b) Prematurity DUE TO (c) Cor Triloculare Heart Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 4 days 4 days			
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 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 Hour 9:45 a.m. 18 Month, Day, Year 1960			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 Kansas City		STATE Missouri	
21. I attended the deceased from August 14, 1960 to August 18, 1960 and last saw her alive on 8/18/60 Death occurred at 9:45 A on the date stated above, and to the best of my knowledge, from the causes stated.										
22. SIGNATURE (Degree or title) David F. Eubank MD				22b. ADDRESS 9406 E. 63rd, Raytown, Mo.			22c. DATE SIGNED 8/19/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-19-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri					
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar			ADDRESS 1800 E. Linwood		25. DATE RECD. BY LOCAL REG. 8-19-60		26. REGISTRAR'S SIGNATURE H-L. Dwyer			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF David F. Eubank

Dr. Da
9406
7m. 11-5

STATEMENT BY LICENSED EMBALMER

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

by use of a Fluid pack

Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Paul H. Martin

Licensed Embalmer No. 5106

P. O. Address Shawnee

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