

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH														
DEPARTMENT OF PUBLIC HEALTH AND WELFARE														
AMENDED														
Registration District No. <u>149</u> Primary Registration District No. <u>1002</u> Registrar's No. <u>681</u> STATE FILE NUMBER <u>61-005238</u>														
DATE AMENDED	1. PLACE OF DEATH						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
	a. COUNTY <u>Jackson</u>						a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>							
	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>						c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Conley Maternity Hosp.</u>						d. STREET ADDRESS <u>3401 Central</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
	3. NAME OF DECEASED (Type or print)						4. DATE OF DEATH							
	First Middle Last <u>INFANT Terry Lee ALBAUER</u>						Month Day Year <u>Feb. 6 1961</u>							
	5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-6-61</u>		9. AGE (last birthday)		IF UNDER 1 YEAR IF UNDER 24 HR			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		Months Days Hours Min.					
	13a. FATHER'S NAME <u>Hubert F. Albauer</u>				13b. MOTHER'S MAIDEN NAME <u>Doris Mustain</u>				14. NAME OF HUSBAND OR WIFE <u>None</u>					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, np, or unknown) (If yes, give war or dates of service) <u>Infant</u>				16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT Address <u>Hubert Albauer 3401 Central</u>							
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:									INTERVAL BETWEEN ONSET AND DEATH		
			IMMEDIATE CAUSE (a) <u>Respiratory infection - atelectasis</u>									<u>10 Minutes</u>		
			Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pneumothorax</u>											
			DUE TO (c) <u>Prematurity</u>											
			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 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		
MEDICAL CERTIFICATION	BY AFFIDAVIT OF	21. I attended the deceased from <u>Feb. 6, 1961</u> to <u>Feb. 6, 1961</u> and last saw <u>her</u> alive on <u>Feb. 6th 1961</u> Death occurred at <u>2:20 am Feb. 6th, '61</u> m on the date stated above, and to the best of my knowledge, from the causes stated.												
		22a. SIGNATURE (Degree or title) <u>Kenneth Adler, D.O.</u>					22b. ADDRESS <u>5811 Truman Rd. K.C., Mo.</u>					22c. DATE SIGNED <u>2-7-61</u>		
		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>2-11-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>			23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>				
		24. FUNERAL DIRECTOR ADDRESS <u>Mellody-McGilley-Eyler 1800 Linwood</u>					25. DATE RECD. BY LOCAL REG. <u>2-9-61</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>					
		ITEM NO. SHOULD READ												
		BY AFFIDAVIT OF <u>Kenneth Adler</u>												

Dr. Vidler  
5811 Inman  
Rm 3-4404

OK 2:30 - 6:30

**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 James E. Kalkreuth

Licensed Embalmer No. 4593

P. O. Address K.C. MO

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.