

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008654

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1249 STATE FILE NUMBER

FILED MAR 29 1961

1. PLACE OF DEATH (Where deceased lived. If institution: Residence before admission)

a. COUNTY Jackson a. STATE Kansas b. COUNTY Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City Length of stay in lb 3 mo. 9 da. c. CITY OR TOWN Overland Park Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) Saint Mary's Hospital Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 8212 Mackey Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First LYNN Middle MARIE Last BILLINGS 4. DATE OF DEATH Month 3 Day 9 Year 61

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11-30-60 9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 10b. KIND OF BUSINESS OR INDUSTRY Infant 11. BIRTHPLACE (City and state or country) Kansas City, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Brian F. Billings 13b. MOTHER'S MAIDEN NAME Delores A. Magerl 14. NAME OF HUSBAND OR WIFE None

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. Brian F. Billings Address Overland Park, Kansas 8212 Mackey

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) congenital heart - cyanotic type - Pulmonary stenosis (Tetralogy) shunt operation INTERVAL BETWEEN ONSET AND DEATH 3 mo 9 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) shunt operation 11

DUE TO (c) shunt operation died on table

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 12:15 a.m. p.m. Month, Day, Year 3-9-61

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 Overland Park COUNTY Jackson STATE Kansas

21. I attended the deceased from 11-30-60 to 3-9-61 and last saw her alive on 3-9-61. Death occurred at 12:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Geo. W. Wise MD (Degree or title) 22b. ADDRESS 17639 Parkway Bldg KC Mo 22c. DATE SIGNED 3-9-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-10-61 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES (W) K.C., MO. ADDRESS 3-10-61 25. DATE RECD. BY LOCAL REG. 3-10-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Geo. W. Wise

SHOULD READ

ITEM NO.

