

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008845

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1202

1. PLACE OF DEATH

a. COUNTY

JACKSONb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWNKANSAS CITY

Length of stay in 1b

Lifec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONST. LUKE'SInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURIb. COUNTY JACKSONc. CITY
OR TOWNKANSAS CITY

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS3836 EUCLID

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

BABY

Middle

GIRL

Last

HILL4. DATE
OF DEATH

Month

JAN.

Day

3

Year

1961

5. SEX

FEMALE

6. COLOR OR RACE

W7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-3-61

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

41

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

KANSAS CITY, MO

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

EMER JOE HILL

13b. MOTHER'S MAIDEN NAME

ALICE PEARL CARBON

14. NAME OF HUSBAND OR WIFE

3836 EUCLID
KANSAS CITY, MO15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ALICE HILL

Address

3836 EUCLID
KANSAS CITY, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bilateral fetal unexpanded lungs

INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Congenital Stenosis of Urethra1 day

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Generalized Visceral Congestion

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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

Month, Day, Year

a.m.

p.m.

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 1-3-61 to 1-3-61 and last saw her alive on 1-3-61Death occurred at 3:35 P on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

Emmett A. Davis, M.D.

Degree or title

22b. ADDRESS

209 Plaza Theater Bldg
Kansas City, Mo

22c. DATE SIGNED

2-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

1-3-61

23c. NAME OF CEMETERY OR CREMATORY

St. Luke's

23d. LOCATION (City, town, or county)

Kansas City Mo.

24. FUNERAL DIRECTOR

ADDRESS

St. Luke's Hosp. K.C. Mo.

25. DATE RECD. BY LOCAL REG.

3-7-61

26. REGISTRAR'S SIGNATURE

Arthur Long

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

Emmett A. Davis MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.