MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013992
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1731

AMENDED

FILED APR 26 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 2 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Childrens Mercy
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY Ray
c. CITY OR TOWN Bramer
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Rt. 1
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Baby Boy Middle: Last: Smith
4. DATE OF DEATH Month 4 Day 6 Year 61
5. SEX Male
6. COLOR OR RACE W
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-3-61
9. AGE (last birthday)
IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HR Hours Min.
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) Richmond Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Jack Smith
13b. MOTHER'S MAIDEN NAME Carry Christopher
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Jack Smith Address Rt. 1 Bramer Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Immaturity (625 grams)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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. ☐ 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 a.m. p.m. Month, Day, Year
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 4-4-61, to 4-6-61 and last saw her/him alive on 4-6-61
Death occurred at 1:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John L. Nieman (Degree or title) MD
22b. ADDRESS 1710 Indep. Ave
22c. DATE SIGNED 4-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 4-7-61
23c. NAME OF CEMETERY OR CREMATORY Perrin Cem.
23d. LOCATION (City, town, or county) (State) Platteburg, Mo.

24. FUNERAL DIRECTOR Lyon Funeral Home ADDRESS Platteburg Mo
25. DATE RECD. BY LOCAL REG. 4-7-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

John L. Nieman

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ was not embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Phillip E. Cox

Licensed Embalmer No. 4998

P. O. Address Clarksburg, 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.