SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

3571 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2426 STATE FILE NUMBER 61-017416

FILED JUN 5 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 Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1000 Chestnut — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Infant Eaton
4. DATE OF DEATH Month 3 Day 16 Year 61
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/15/61
9. AGE (last birthday) IF UNDER 1 YEAR Months Days 1 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) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY USA.
13a. FATHER'S NAME Leon Eaton
13b. MOTHER'S MAIDEN NAME Kathleen K. Wyness
14. NAME OF HUSBAND OR WIFE Infant
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. none
17. INFORMANT Leon Eaton, Address 1000 Chestnut

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) Immaturity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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 3/15/61 to 3/16/61 and last saw her/him alive on 3/16/61
Death occurred at 11:10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. Frank Ellis MD
22b. ADDRESS 2400 Cherry City
22c. DATE SIGNED 3/17/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-19-61
23c. NAME OF CEMETERY OR CREMATORY Leeds
23d. LOCATION (City, town, or county) Kansas City (State) MO
24. FUNERAL DIRECTOR Wm A. Lohmeyer ADDRESS KC MO
25. DATE RECD. BY LOCAL REG. 5-17-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.
DOCUMENT
BY AFFIDAVIT OF
MEDICAL CERTIFICATION
E. Frank Ellis

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 Not Embalmed, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Ann A Johnson

Signature of Student Embalmer

Licensed Embalmer No. 3089

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.