MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-029088

STATE FILE NUMBER

7409 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4289

AMENDED

FILED SEP 13 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 St. Luke's Hosp
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS 3211 E. 69th. (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Baby Middle Girl Last Anderson
4. DATE OF DEATH: Month 7 Day 3 Year 61
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-3-61
9. AGE (last birthday): —
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours 1 / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Kansas City, Mo
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: Gilbert Anderson
13b. MOTHER'S MAIDEN NAME: Sheila Argraves
14. NAME OF HUSBAND OR WIFE: none
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: Gilbert Anderson Address: 3211 E. 69th

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) premature infant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Early Bronchopneumonia
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 7-3-61, to 7-3-61 and last saw her/him alive on 7-3-61
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward Goldstein (Degree or title) M.D.
22b. ADDRESS 206 Plaza Theatre Bldg
22c. DATE SIGNED 7-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 8/24/61
23c. NAME OF CEMETERY OR CREMATORY: St Lukes' Hospit.
23d. LOCATION (City, town, or county) (State): K.C. Mo.
24. FUNERAL DIRECTOR: Dr. David M. Gibson, St. Lukes
ADDRESS
25. DATE RECD. BY LOCAL REG.: 8-29-61
26. REGISTRAR'S SIGNATURE: ~~David M. Gibson~~ M.D. Ruth Long
(For 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

MEDICAL CERTIFICATION Edward Goldstein

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. Hospital Disposal

Student_____ Signed J M Gibson MD.

Signature of Student Embalmer

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.