

# DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022959  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3254

**FILED JUL 16 1962**

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Rev. 4/59

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DATE AMENDED

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SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
**Ruth E. Yoko**

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u> Jackson   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City, Missouri</u>  |   | Length of stay in 1b<br><u>25 hrs.</u>  | c. CITY OR TOWN <u>Independence</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Children's Mercy Hospital</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>509 North Main</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>      |
| 3. NAME OF DECEASED (Type or print)<br>First <u>KAREN RENA</u> Middle <u>Baby Girl</u> Last <u>Damone</u>   |   |   | 4. DATE OF DEATH<br>Month <u>6</u> Day <u>20</u> Year <u>1962</u>  |
| 5. SEX<br><u>female</u>   | 6. COLOR OR RACE<br><u>white</u>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>6-18-62</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>infant</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>infant</u>  | 9. AGE (last birthday)<br><u>6</u><br>IF UNDER 1 YEAR<br>Months <u>2</u> Days <u>2</u> Hours <u>2</u> Min. <u>2</u>  |
| 11. BIRTHPLACE (City and state or country)<br><u>Kansas City, Missouri</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME<br><u>Jimmy Damone</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Shirley Hobles</u>  | 14. NAME OF HUSBAND OR WIFE<br><u>-----</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |   | 16. SOCIAL SECURITY NO.<br><u>-----</u>   |  |
| 17. INFORMANT<br><u>Jimmy Damone</u>  |   | <u>Independence, Missouri</u><br><u>509 North Main</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Respiratory Inefficiency</u><br>DUE TO (b) <u>marked prematurity</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.   | Month, Day, Year  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION<br><u>Independence</u>   | COUNTY <u>Mo.</u> STATE <u>Mo.</u>   |
| 21. I attended the deceased from <u>6-19-62</u> to <u>6-20-62</u> and last saw her alive on <u>6-20-62</u><br>Death occurred at <u>12:45 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Ruth E. Yoko, M.D.</u>   |   | 22b. ADDRESS<br><u>1710 Independence Ave. K.C., Mo.</u>   | 22c. DATE SIGNED<br><u>6-20-62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>June 21, 1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Washington Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Independence, Missouri</u>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Geo. C. Carson &amp; Sons Independence, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>6-21-62</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Ruth E. Long</u>   |

USE BLACK INK OR TYPEWRITER RIBBON

**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 *A. Howard Plattner*

Licensed Embalmer No. 4697

P. O. Address *Indep 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.