

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011515

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1868

DO NOT WRITE ON THIS STUB AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 4 1963							
<p>1. PLACE OF DEATH a. COUNTY <u>Jackson</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Kansas City</u> TOWN</p> <p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Jackson</u></p> <p>c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>1620 E. 14th Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>						
<p>3. NAME OF DECEASED First Middle Last <u>Teresa Brockington</u></p>							
<p>4. DATE OF DEATH Month Day Year <u>March 23, 1963</u></p>							
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/19/63</u>	9. AGE (last birthday) IF UNDER 1 YEAR: Months <u>5</u> Days <u>5</u> Hours <u>5</u> Min. <u>5</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>Donald Brockington</u>		13b. MOTHER'S MAIDEN NAME <u>Lupe Rector</u>		14. NAME OF HUSBAND OR WIFE <u>Donald Brockington</u> Address <u>1620 E. 14th St.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>		16. SOCIAL SECURITY NO. <u>[Redacted]</u>		17. INFORMANT <u>Donald Brockington</u>			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>premature</u>		DUE TO (b) <u>hyaline membrane disease</u>		DUE TO (c) _____			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? 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 Hour _____ a.m. _____ p.m. _____	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		COUNTY	STATE		
21. I attended the deceased from <u>3-19-63</u> to <u>3-23-63</u> and last saw her/him alive on <u>3-23-63</u>		Death occurred at <u>10:12 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree <u>MD</u> title)		22b. ADDRESS <u>2400 Cherry</u>		22c. DATE SIGNED <u>3-25-63</u>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/26/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt St. Mary's</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Jackson, Mo.</u>	
24. FUNERAL DIRECTOR <u>Badeau, Appleton & Jones, K.C., Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-25-63</u>		26. REGISTRAR'S SIGNATURE <u>Ruth 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,

0.92

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Conrado Galvez Balboa

Licensed Embalmer No. 4944

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.