

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40392

State File No. ....

5599

 BIRTH NO. D 94370-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>10 hours</u>	c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>A</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKE SIDE HOSPITAL</u>			STREET ADDRESS (If rural, give location) <u>8018 MICHIGAN AVE.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KICKY</u> b. (Middle) <u>JOE</u> c. (Last) <u>ALYEA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 23, 1955</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>12-23-55</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>10</u>	
IF UNDER 24 HRS. Days <u>32</u>	IF UNDER 24 HRS. Hours <u>10</u>	IF UNDER 24 HRS. Min. <u>32</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CHILD</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, MO.</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>U. S.</u>	13a. FATHER'S NAME <u>JOE E. ALYEA</u>		13b. MOTHER'S MAIDEN NAME <u>MELANIE BRANNAN CHILD</u>		14. NAME OF HUSBAND OR WIFE <u>CHILD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe Alyea 8018 Michigan</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac enlargement, atelectasis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>prematurely improper formation</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH  <u>75 4 11</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8:30 am 12/23, 1955</u> , to <u>9:05 am 12/23, 1955</u> , that I last saw the deceased alive on <u>12/23, 1955</u> , and that death occurred at <u>7:05 p. m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>H. H. Boyd, Jr.</u> (Degree or title) <u>D.O.</u>			23b. ADDRESS <u>9529 Juniper Rd Independence</u>		23c. DATE SIGNED <u>12/23/55</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 24, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>—</u>		24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-24-55</u>		REGISTRAR'S SIGNATURE <u>neva munsell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. W. Neutomer's Sons &amp; Co. Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Richard L. Rogers*.....

Licensed Embalmer No. *2495*

P. O. Address *H.C. 72*

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.