

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44653

State File No. \_\_\_\_\_

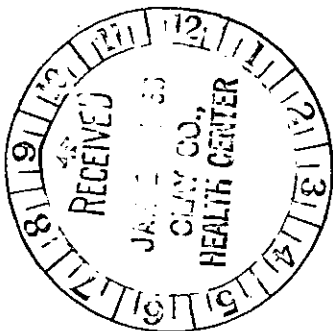
FILED JAN 21 1957

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>121</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>?</u> b. COUNTY <u>?</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EXCELSIOR SPRINGS</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>?</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FOUND UNDER BAND STAND</u>				e. STREET ADDRESS (If rural, give location) <u>?</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>UNKNOWN</u>		b. (Middle) <u>UNKNOWN</u>		c. (Last) <u>BABY GIRL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 15-1956</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>?</u>		8. DATE OF BIRTH <u>?</u>	
9. AGE (In years last birthday) <u>?</u>		10. IF UNDER 1 YEAR Months <u>?</u> Days <u>?</u>		11. IF UNDER 14 HRS. Hours <u>?</u> Min. <u>?</u>		12. CITIZEN OF WHAT COUNTRY? <u>?</u>	
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 Foreign Country) <u>?</u>		12. CITIZEN OF WHAT COUNTRY? <u>UNKNOWN</u>	
13a. FATHER'S NAME <u>?</u>		13b. MOTHER'S MAIDEN NAME <u>?</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>?</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME <u>?</u> ADDRESS <u>?</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7955</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Unknown</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Unknown</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Excelsior Springs Clay Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>P</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Unknown</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. L. Pate M.D. (Coroner)</u>				23b. ADDRESS <u>North Kansas City, Mo.</u>		23c. DATE SIGNED <u>1/9/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-10-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Slope Mem. Grdns</u>		24d. LOCATION (City, town, or county) (State) <u>Platte Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-11-57</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Caroline Kuttig</u> ADDRESS <u>D.W. Newcomer, 77 N. H. C. Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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### 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.....  
Signature of Student Embalmer

Signed Edmund H. Hill

Licensed Embalmer No. 4586

P. O. Address K.C. 16, 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.