

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 21 057
State File No.

2891

BIRTH NO. <u>0</u>		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2891</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		a. STATE MISSOURI		b. COUNTY CASS	
c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BELTON		d. STREET ADDRESS (If rural, give location) 165th & HOLMES - RT # 1		0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL							
3. NAME OF DECEASED (Type or Print)		a. (First) LINDA		b. (Middle) DARLENE		c. (Last) FLATT	
4. DATE OF DEATH (Month) (Day) (Year) 6 21 57		5. SEX female		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEWBORN	
8. DATE OF BIRTH 6/17/57		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 4 21 5		10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) NEWBORN		10b. KIND OF BUSINESS OR INDUSTRY NEWBORN	
11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME ROY DEAN FLATT		13b. MOTHER'S MAIDEN NAME MILDRED GRACE BLANKENSHIP	
14. NAME OF HUSBAND OR WIFE NEWBORN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MILDRED FLATT - 165th & HOLMES - Rt #1	
18. CAUSE OF DEATH		19. MEDICAL CERTIFICATION		20. INTERVAL BETWEEN ONSET AND DEATH			
Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Secondary to atelectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: Prematurity 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. 7625		24 hours 4 Days			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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) (Min) m.		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 June 17, 1957 , to June 21, 1957 , that I last saw the deceased alive on June 21, 1957 , and that death occurred at 8:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) David F. Eubank M.D.				23b. ADDRESS Raytown Clinic, Raytown, Mo.		23c. DATE SIGNED 6/21/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) 6-22-1957 Removal		24b. DATE Removal		24c. NAME OF CEMETERY OR CREMATORY Highpoint Cem.		24d. LOCATION (City, town, or county) (State) Highpoint, Mo.	
DATE REC'D BY LOCAL REG. 6-21-57		REGISTRAR'S SIGNATURE Meva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE C.H. Blackman & Son		ADDRESS K.C., Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
David F. Eubank



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
Student Embalmer

Signed _____

Licensed Embalmer No. 4656

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 this body is not embalmed, fact should be so stated above.