

FILED MAR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4785

 BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 695

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>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Kansas City Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Deer Creek Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Patsy</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Blaser</u>	(Month) <u>Feb.</u>	(Day) <u>10</u>	(Year) <u>1949</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 25 1934</u>	9. AGE (In years last birthday) <u>14</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>15</u>	IF UNDER 1 HR. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bates County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Carl Blaser</u>	13b. MOTHER'S MAIDEN NAME <u>Iela Ruddel</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl Blaser</u>	ADDRESS <u>Adrian Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tumor of Brain - Malignant</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 yrs?</u> <u>14 hrs.</u> <u>20 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Edema of Brain</u>		
	DUE TO (c) <u>Intracranial Hemorrhage</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>193X</u>			

19a. DATE OF OPERATION <u>2-9-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Medulloblastoma of Cerebellum</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-9 1949, to 2-10 1949; that I last saw the deceased alive on 2-10 1949 and that death occurred at 4:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald F. Coburn</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>411 Alameda Road, Keokuk Mo</u>	23c. DATE SIGNED <u>2-11-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb. 10, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-15-49</u>	REGISTRAR'S SIGNATURE <u>Alvordine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Levath & Sif</u>	ADDRESS <u>Adrian Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

48
38

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.

Signed _____ *Adrian Mo*

Signed.....
Student Embalmer

Licensed Embalmer No. *3650*

P. O. Address *Adrian 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.