

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

23526

State File No. 3019

No. 300  
10-48  
FILED JUL 29 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>3019</u>
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		
c. LENGTH OF STAY (in this place) <u>57 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>500 Ohio Ave.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Max</u> b. (Middle) <u>Peter</u> c. (Last) <u>Medved</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 8, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 9, 1892</u>	9. AGE (In years last birthday) <u>57</u> F UNDER 1 YEAR Months <u>5</u> Days <u>22</u> F UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Government Meat Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Meat Packing</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S. (Dec)</u>				
13a. FATHER'S NAME <u>Max Medved</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Bukovac</u>		14. NAME OF HUSBAND OR WIFE <u>Pharusa Medved</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War 1</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME & ADDRESS <u>Maxim Medved, 500 Ohio Ave</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Tumor - Unverified</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 Mos.</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>probably malignant</u>				
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.				
19a. DATE OF OPERATION <u>7-8-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Collapse of Rt. Lateral Ventricle - Spans Brain Tissue, Rt. Frontal Lobe.</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>1924</u> (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>7-7</u> , 19 <u>49</u> , to <u>7-8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-8</u> , 19 <u>49</u> , and that death occurred at <u>7:50 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Donald F. Coburn, M.D.</u>		23b. ADDRESS <u>4111 Leawood Rd. Kc2 Mo.</u>		23c. DATE SIGNED <u>7-11-49.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-8-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>	
DATE REC'D BY LOCAL REG. <u>7-11-49</u>	REGISTRAR'S SIGNATURE <u>Heraldine Helmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS <u>Helen Stiel Kansas City Kans.</u>		

(Licensed Embalmer's Statement on Reverse Side)

PLATE 1 1008

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 *Amelia Stiel* \_\_\_\_\_

Licensed Embalmer No. *4113* \_\_\_\_\_

P. O. Address *Kansas City Kansas* \_\_\_\_\_

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.