No. 300
10.48

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

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27121

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3277

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): X 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence 0484 X
d. STREET ADDRESS (If rural, give location): 1404 Harris

3. NAME OF DECEASED (Type or Print)
a. (First): Joyce
b. (Middle): Ann
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): July 30, 1950

5. SEX: female 1

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single 0

8. DATE OF BIRTH: Oct. 25, 1945

9. AGE (In years last birthday): 4 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Independence, Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Lawrence W. Smith

13b. MOTHER'S MAIDEN NAME: Margaret I. Miemeyer

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mr. Lawrence W. Smith, Independence, Mo.

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) Tumor of Brain, Unverified — INTERVAL BETWEEN ONSET AND DEATH: 2-3 wks

ANTECEDENT CAUSES

Morbid 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.

23 X

19a. DATE OF OPERATION: 7-28-50

19b. MAJOR FINDINGS OF OPERATION: Obstruction in 4th ventricle c air studies.

20. AUTOPSY? YES ☐ 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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-26, 1950, *to* 7-30, 1950, *that I last saw the deceased alive on* 7-30, 1950, *and that death occurred at* 2:48P m., *from the causes and on the date stated above.*

23a. SIGNATURE Donald F. Coburn M.D. (Degree or title): Donald F. Coburn, M.D.

23b. ADDRESS: 411 Nichols Rd, KC 2, Mo.

23c. DATE SIGNED: 7-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Aug. 2, 1950

24c. NAME OF CEMETERY OR CREMATORY: Wea Cemetery

24d. LOCATION (City, town, or county) (State): Wea, Kansas.

DATE REC'D BY LOCAL REG.: 7-31-50

REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Geo C. Carson, Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Tom D. Marbland

4592

Indep. Mo.