

FILED OCT 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30674

State File No. \_\_\_\_\_ Registrar's No. **4114**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>4114</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Douglas</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>			c. LENGTH OF STAY (In this place) <b>5 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lawrence</b>			<b>8</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Route #4</b>			
3. NAME OF DECEASED (Type or Print) <b>BABY TAMARA</b>			a. (First)		b. (Middle)		c. (Last) <b>STONEBACK</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 28, 1950</b>		5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	
8. DATE OF BIRTH <b>Jan. 13, 1950</b>		9. AGE (In years last birthday) <b>8</b>		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) <b>Infant</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Lawrence, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Irwin J Stoneback</b>			13b. MOTHER'S MAIDEN NAME <b>Mabel Irene Green</b>			14. NAME OF HUSBAND OR WIFE <b>Infant</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Infant</b>		16. SOCIAL SECURITY NO. <b>Infant</b>		17. INFORMANT'S SIGNATURE OR NAME <b>I. J. Stoneback, Route #4, Lawrence, Kansas</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 WEEK</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HEART FAILURE</b>		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>CONGENITAL HEART DISEASE</b>					<b>8 1/2 mo.</b>
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							<b>75 1/2</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 <b>9-23, 1950</b> to <b>9-28, 1950</b> , that I last saw the deceased alive on <b>9-28, 1950</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Edwin Henry Schorer</b> (Degree or title) <i>Edwin Henry Schorer M.D.</i>				23b. ADDRESS <b>300 W. 47th Street, KC, Mo.</b>		DATE SIGNED <b>9/28/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9/29/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lawrence, Kansas</b>		
DATE REC'D BY LOCAL REG. <b>9-29-50</b>		REGISTRAR'S SIGNATURE <b>Deraldine Holmes</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE, Kansas City, Mo.</b>		

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Max Meyer

Signed.....  
Student Embalmer

Licensed Embalmer No. 43-555

P. O. Address K. E. Meyer

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.