

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16811**
1864

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

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY OR TOWN KANSAS CITY	c. LENGTH OF STAY (In this place) 6 weeks	c. CITY OR TOWN MERRIAM	9150
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		d. STREET ADDRESS (If rural, give location) 9920 Johnson Drive	

3. NAME OF DECEASED (Type or Print)	a. (First) Mabel	b. (Middle) Marie	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) April 29 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 3, 1898	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer	10b. KIND OF BUSINESS OR INDUSTRY Holland Engraving	11. BIRTHPLACE (State or foreign country) Bever Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Charles R. Crow	13b. MOTHER'S MAIDEN NAME Cordelia M. Tuttle	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. 496-24-4242	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jack A. Mains ADDRESS Kansas City, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 hrs 193X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Tumor of Brain		
	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.			

19a. DATE OF OPERATION 4-27-51	19b. MAJOR FINDINGS OF OPERATION Malignant Tumor of Brain, Rt. Frontal-Temporal-Parietal	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) (Minute) 4-29-51 12:30 p.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 4-27, 1951, to 4-29, 1951, that I last saw the deceased alive on 4-29, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Donald F. Coburn (Degree or title) M.D.	23b. ADDRESS 411 Nichols Road, Kansas City 2, Mo.	23c. DATE SIGNED 4-30-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-30-51	24c. NAME OF CEMETERY OR CREMATORY Shawnee Cemetery	24d. LOCATION (City, town, or county) (State) Shawnee Johnson Kansas
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DATE REC'D BY LOCAL REG. 4-30-51	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE E. Paul Amos ADDRESS Funeral Home Shawnee, Kansas
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JUL 29 1952

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.....

Vern Lawler

working under my personal supervision.

Student Embalmer No.....

Signed..... **E. Paul Amos**

Signed.....
Student Embalmer

Licensed Embalmer No. **1538**

P. O. Address **Shawnee 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.