

FILED DEC 26 1951

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

State File No. **41861**
5250

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (In this place) 11 HOURS		d. STREET ADDRESS (If rural, give location) 3832 NORTH EUCLID	
d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL			

3. NAME OF DECEASED a. (First) INFANT b. (Middle) _____ c. (Last) TABUREN			4. DATE OF DEATH (Month) (Day) (Year) DEC. 6. 1951		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH DEC-5-1951		9. AGE (In years last birthday) _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	
11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME DALE F. TABUREN		13b. MOTHER'S MAIDEN NAME MARY LAIR		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME DALE F. TABUREN ADDRESS: 3832 N. EUCLID, KANSAS CITY, MO.	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis			INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) Multiple pregnancy (twin)			70.5	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

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) (Min.)		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 **12-5, 1951** to **12-6, 1951**, that I last saw the deceased alive on **12-6, 1951**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Robert C. Buckner MD-M.D.		23b. ADDRESS 1812 + Swift, No Kansas City		23c. DATE SIGNED 12-6-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE DEC. 6. 1951		24c. NAME OF CEMETERY OR CREMATORY _____	
				24d. LOCATION (City, town, or county) (State) BAXTER SPRINGS KANSAS	

DATE REC'D BY LOCAL REG. 12-6-51		REGISTRAR'S SIGNATURE Thereldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newcomer's Sons ADDRESS: 331 BRUSH CORNER KANSAS CITY, MO.	
---	--	--	--	--	--

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

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.....

Robert E. Hannon

Signed.....
Student Embalmer

Licensed Embalmer No.....

4849

P. O. Address.....

H. L. M.

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.