

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19847

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>3013</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY OR TOWN <u>North Kansas City</u>		c. LENGTH OF STAY (In this place) <u>1 yr</u>		c. CITY OR TOWN <u>North Kansas City</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>505 E 31st</u>				d. STREET ADDRESS (If rural, give location) <u>505 E 31st</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rebecca</u> b. (Middle) <u>do</u> c. (Last) <u>Driver</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 20 1952</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>16 April 1944</u>	
9. AGE (In years) last birthday <u>8</u>		If UNDER 1 YEAR Months <u>2</u> Days <u>4</u>		If UNDER 1 MIN. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Elementary School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Truman Driver</u>			13b. MOTHER'S MAIDEN NAME <u>Lola Massey</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lola Check</u> ADDRESS <u>NKC</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBELLAR MEDULLOBLASTOMA</u> INTERVAL BETWEEN ONSET AND DEATH <u>13 mo.</u> 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 _____		19b. MAJOR FINDINGS OF OPERATION _____					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) _____ (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>MAY 7, 1951</u> , to <u>June 20, 1952</u> , that I last saw the deceased alive on <u>JUNE 20, 1952</u> , and that death occurred at <u>11:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Theodore F. Caswell M.D.</u> (Degree or title) _____				23b. ADDRESS <u>1801 1/2 Argo Av. No. Kansas City</u>		23c. DATE SIGNED <u>June 20, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>23 June 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Clay County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 23-52</u>		REGISTRAR'S SIGNATURE <u>Beulah Fitcher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Morten</u> ADDRESS <u>Funeral Home NKC</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48241
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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.....

Student Embalmer No.

working under my personal supervision.

Student Robert Poage
Student Embalmer

Signed John Morton III
Licensed Embalmer No. 4856

P. O. Address MK C, MD.

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.