FILED APR 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14635

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 149

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) INDEPENDENCE
c. LENGTH OF STAY (in this place) 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) INDEP. SAN. & 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) KANSAS CITY 3508
d. STREET ADDRESS (If rural, give location) 114A E. 34TH. ST. TERRACE

3. NAME OF DECEASED (Type or Print)
a. (First) EDITH b. (Middle) NOBLE c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year) APRIL 11 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3
8. DATE OF BIRTH AUG. 13, 1887
9. AGE (In years last birthday) 65 — 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) RETIRED SALESLADY
10b. KIND OF BUSINESS OR INDUSTRY LADIES CLOTHING
11. BIRTHPLACE (City and State or Foreign Country) INDEPENDENCE MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME OSWIN NOBLE
13b. MOTHER'S MAIDEN NAME LUNA B. BRACKENBURY
14. NAME OF HUSBAND ~~OR WIFE~~ NO RECORD

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. 495-09-1704
17. INFORMANT'S SIGNATURE LEROY E. SMITH — NAME — ADDRESS 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) Increased intracranial pressure

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Metastatic adenocarcinoma of right frontal lobe
DUE TO (c) Primary adenocarcinoma of right breast

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 170X
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural
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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 6:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Hugh H. Owens Coroner 3
23b. ADDRESS 1034 Platte Bldg
23c. DATE SIGNED 4-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE APR. 14 1953
24c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY
24d. LOCATION (City, town, or county) (State) INDEPENDENCE MISSOURI

DATE REC'D BY LOCAL REG. Apr. 13-1953
REGISTRAR'S SIGNATURE James [illegible] 354 [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE Henry W. Stahl — ADDRESS INDEPENDENCE MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT

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 _____
Student Embalmer

Signed R. L. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.