

FILED JUN 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18308

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2486

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		<u>0804</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1507 East 7th</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u>		b. (Middle) <u>C.</u>	c. (Last) <u>URBAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 13 53</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 7, 1903</u>	9. AGE (In years last birthday) <u>49</u>	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) <u>Housewife-sec.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Auto Sup.</u>	11. BIRTHPLACE (State or foreign country) <u>Sedalia, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Joshua A. Leach</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Tuthill Leach</u>	14. NAME OF HUSBAND OR WIFE <u>Carl Urban</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>491-07-4022</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl Urban, Sedalia,</u>		ADDRESS <u>Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fibrinous pericarditis & Right atelectasis & pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mediastinal carcinoma (pre. 1/2)</u>			?		
DUE TO (c) <u>lateofibroma of mediastinal</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>lateofibroma</u>			<u>225X</u>		
19a. DATE OF OPERATION <u>April 29, 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Right mediastinal carcinoma & obstructing superior vena cava & rt. pulmonary artery</u>		20. AUTOPSY? YES <input checked="" 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)		21d. (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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>April 27, 1953</u> , to <u>May 13, 1953</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>May 13, 1953</u> , and that death occurred at <u>3:00 A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>William B. Cheeseman, M.D.</u> (Degree or title)			23b. ADDRESS <u>530 Prof. Bldg., Kansas City, Mo.</u>		23c. DATE SIGNED <u>May 13, 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/15/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-14-53</u>	REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Wm. H. ...</u>		ADDRESS <u>Sedalia Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

nm
0847

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

Marion Ewing

Licensed Embalmer No.

3847

P. O. Address

Sedalia, Mo.

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.