

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23342

State File No. ....

No. 300  
10.48

FILED JUL 16 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Rural - Blue</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Blue</b> <u>0480</u>	
c. LENGTH OF STAY (in this place) <b>16 MO.</b>		d. STREET ADDRESS (If rural, give location) <b>Kiger Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Kiger Road</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hazel</b> b. (Middle) <b>Merrill</b> c. (Last) <b>Louise</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 26 1951</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Feb. 20, 1950</b>	9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 4 HRS. Days <b>0</b>	IF UNDER 1 HRS. Hours <b>0</b>	IF UNDER 15 MIN. Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Independence, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>George R. Bucey</b>		13b. MOTHER'S MAIDEN NAME <b>Maire L. Milton</b>		14. NAME OF HUSBAND OR WIFE <b>Infant</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George R. Bucey, Kiger Road, Indep. Mo.</b>		ADDRESS	
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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 <b>Four minutes</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory Failure</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Subdural Hematoma</b>				<b>57 Ds.</b>	
		DUE TO (c) <b>Idiopathic</b>					
		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 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)	
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 6-12, 1951, to 6-26, 1951, that I last saw the deceased alive on 6-26, 1951, and that death occurred at 4:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>James T. VanBiber, M.D.</b>		23b. ADDRESS <b>317 W. Kansas Independence Mo</b>		23c. DATE SIGNED <b>6-27-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 29, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Independence, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>June 29-1951</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. C. Carson</b>		ADDRESS <b>Independence, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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JUL 13 RECD

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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 .....  
Student Embalmer

Signed.....

*Harold E. Hoobrel*

Licensed Embalmer No. ....

*4609*

P. O. Address.....

*Independence, Mo.*

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.