X No. 300
10-48

FILED OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31543

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4265

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 11 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Merriam, 8150
d. STREET ADDRESS (If rural, give location): 5019 Antioch X

3. NAME OF DECEASED (Type or Print): a. (First) Cyrus b. (Middle) Ivan c. (Last) Coberly

4. DATE OF DEATH (Month) (Day) (Year): 9-29-52

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: Dec. 3, 1892
9. AGE (In years last birthday): 59 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Constuction
11. BIRTHPLACE (State or foreign country): Ft. Scott, Kans /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Upton Coberly
13b. MOTHER'S MAIDEN NAME: Rose Williams
14. NAME OF HUSBAND OR WIFE: Anna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ethel Lybarger — ADDRESS: Ft Scott, Kans

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) Subarachnoid Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured Tibia
DUE TO (c)

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

INTERVAL BETWEEN ONSET AND DEATH: E 840 36

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
123
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street car tunnel
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kans. City Jackson — MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-18 52 6 30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Crushed between street car tunnel

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Hugh H. Owens (Degree or title): Hugh H. Owens Coroner
23b. ADDRESS: 3 10 34 Rialto Bldg
23c. DATE SIGNED: 9-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): ~~Burial~~ Removal
24b. DATE: 9-30-52
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): Shawnee, Kans.

DATE REC'D BY LOCAL REG.: 9-30-52
REGISTRAR'S SIGNATURE: Geralding Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: E. Paul Amos — ADDRESS: Funeral Home Shawnee, Kans
(Licensed Embalmer's Statement on Reverse Side)
E. Paul Amos

OCT 20 1954

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 [signature]

Licensed Embalmer No. 4385

P. O. Address Shawnee, Kans

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.