

FILED OCT 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33061

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1087</u>	
1. PLACE OF DEATH a. COUNTY <u>Rochester</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. LENGTH OF STAY (In this place) <u>14 yrs 4 mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Denver</u> <u>61</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 2</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u> <u>10</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>J</u> c. (Last) <u>Kube</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10</u> <u>5</u> <u>1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Single</u>		8. DATE OF BIRTH <u>May 22, 1885</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>13</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Coal miner</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>4 America</u>	
13a. FATHER'S NAME <u>Joseph Kube</u>			13b. MOTHER'S MAIDEN NAME <u>Bertha Hildreth</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Nil</u>		17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital # 2 record St Joseph</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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Gastric Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>suddenly</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probably an ulcer</u>				DUE TO (c) <u>long illness</u>	
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epilepsy with psychosis 14 yrs +</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5400</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Oct 3, 1949</u> , to <u>Oct 5, 1949</u> , that I last saw the deceased alive on <u>10-5, 1949</u> , and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree, if title) <u>B. E. Cassina M.D.</u>				23b. ADDRESS <u>State Hospital # 2</u>		23c. DATE SIGNED <u>10-5-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Usual</u>		24b. DATE <u>10/7/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Charles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 7, 1949</u>		REGISTRAR'S SIGNATURE <u>B. E. Jenkins</u>		382 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Brown</u>		ADDRESS <u>St. Joseph, Mo.</u>	

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

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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

*James P. Hawkins*

Licensed Embalmer No. 4536

P. O. Address 319 S. 10<sup>th</sup> St. St. Joseph, 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.