

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3934

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Easton 0116	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR NURSING HOME. INSTITUTION 2434 S. 6th Street		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) a. (First) Sarah	b. (Middle) Ella	c. (Last) Kabus	4. DATE OF DEATH (Month) (Day) (Year) February 19, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 3, 1871	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Stanberry, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Conrad Kaiser	13b. MOTHER'S MAIDEN NAME Anna Martha	14. NAME OF HUSBAND OR WIFE Paul John Kabus
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) *****	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Paul J. Kabus	ADDRESS Easton, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Arterio Sclerosis		3 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c)		7201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 19, 1947, to Feb 19, 1950, that I last saw the deceased alive on Feb 18, 1950, and that death occurred at 1:55 P.m., from the causes and on the date stated above.

23a. SIGNATURE G. F. Kimball	(Degree or title) M.D.	23b. ADDRESS St. Joseph, R.R. 4 Missouri	23c. DATE SIGNED Feb 24-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE February 21, 1950	24c. NAME OF CEMETERY OR CREMATORY Abraham Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. Feb 28, 1950	REGISTRAR'S SIGNATURE M. B. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE Halter Meierhoff	ADDRESS 1046 Colburn St. St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2117
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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 *Robert C. Harrington*

Licensed Embalmer No. 258 Missouri.

P. O. Address St. Joseph, Missouri.

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.