

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41056
5220
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
c. LENGTH OF STAY (in this place) **Life**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **2503 Linwood Blvd.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
d. STREET ADDRESS (If rural, give location) **2503 Linwood Blvd.**

548
520

3. NAME OF DECEASED
a. (First) **William** b. (Middle) **H.** c. (Last) **TOBENER**

4. DATE OF DEATH (Month) (Day) (Year)
December 9, 1950

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Jan. 28, 1883

9. AGE (In years last birthday) **67**
IF UNDER 1 YEAR: Months Days
IF UNDER 6 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Captain

10b. KIND OF BUSINESS OR INDUSTRY
K.C. Police Dept.

11. BIRTHPLACE (State or foreign country)
Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY?
U S

13a. FATHER'S NAME
Robert H. Tobener

13b. MOTHER'S MAIDEN NAME
Elizabeth Minnie Miller

14. NAME OF HUSBAND OR WIFE
Mamie A. Tobener

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
None

16. SOCIAL SECURITY NO.
none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mamie A. Tobener, 2503 Linwood, KC. Mo.

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) **displegia unknown type unknown primary site**
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH
1 year
1992

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arterio sclerotic Heart Disease

9 yrs +

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-12, 1950**, to **12-9, 1950**, that I last saw the deceased alive on **12-9, 1950**, and that death occurred at **5:10 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Wm. W. Hart** (Degree or title) **MD**

23b. ADDRESS **6305 Brookside Plaza K.C. Mo**

23c. DATE SIGNED **12-11-50**

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE **12-12-50**

24c. NAME OF CEMETERY OR CREMATORY
Elmwood Cemetery

24d. LOCATION (City, town, or county) (State)
K.C., Mo.

DATE REC'D BY LOCAL REG. **12-11-50**

REGISTRAR'S SIGNATURE
Maldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Mellody-McGilley-Eylar Kansas City, Mo.

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Glen E. Heck

Signed
Student Embalmer

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.