

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1186
113

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NORTH KANSAS CITY	
c. LENGTH OF STAY (In this place) 3.5 YEARS		d. STREET ADDRESS (If rural, give location) ROUTE 8 0248 94	
d. FULL NAME OF HOSPITAL OR INSTITUTION SIMPSON NURSING HOME			

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) B.	c. (Last) KAUBLE	4. DATE OF DEATH (Month) (Day) (Year) JANUARY-7-1951
-------------------------------------	--------------------------	-----------------------	-------------------------	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 5, 1876	9. AGE (In years last birthday) 74	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) RETIRED STRUCTURAL	10b. KIND OF BUSINESS OR INDUSTRY STEEL WORKER	11. BIRTHPLACE (State or foreign country) MARION COUNTY, OHIO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	--

13a. FATHER'S NAME JOSEPH KAUBLE	13b. MOTHER'S MAIDEN NAME EMERINE HICKS	14. NAME OF HUSBAND OR WIFE NONA KAUBLE
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 493-12-6906	17. INFORMANT'S SIGNATURE OR NAME MRS. FRANK PAULL	ADDRESS FREDERICK & COOKLEY ROWS R. R. #1 NORTH KANSAS
---	--	---	---

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema + Congestion		15 1/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Pancreas DUE TO (c) metastasis to liver		
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"/>
------------------------	----------------------------------	--

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 <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 **1/7/51** 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 Jack H. Hill (Degree or title) M.D.	23b. ADDRESS 3001 W. Grand Street KC 870	23c. DATE SIGNED 8 Jan 51
--	---	----------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE JAN. 9, 1951	24c. NAME OF CEMETERY OR CREMATORY WELDA CEMETERY	24d. LOCATION (City, town, or county) (State) WELDA KANSAS
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. 1-9-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer ADDRESS 1531 Brush Creek Kansas City, Mo.
--	---	---

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

4

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 *Jess T. Deans*

Licensed Embalmer No. *4433*

P. O. Address *Kansas City*

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.