

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20160**
2565
Registrar's No. _____

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

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY in this place 14 days c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. STREET ADDRESS (If rural, give location) 241 Willard	
3. NAME OF DECEASED a. (First) Harold b. (Middle) L. c. (Last) Graubeger Jr.		4. DATE OF DEATH (Month) (Day) (Year) June 16 1951	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6-9-16
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harold L. Graubeger		13b. MOTHER'S MAIDEN NAME Ernestine Comer	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Harold L. Graubeger Sr.	
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) Malignant Tumor of Brain ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION 2/2/51		19b. MAJOR FINDINGS OF OPERATION Malignant tumor 4th Ventricle Slightly papillary	
20. INTERVAL BETWEEN ONSET AND DEATH 1 yr 1937		21. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema 24 hrs	
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 <u>7-14</u>, 19<u>50</u>, to <u>6-2</u>, 19<u>51</u>, that I last saw the deceased alive on <u>6-2</u>, 19<u>51</u>, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Donald F. Coburn (Degree or title) M.D.		23b. ADDRESS 411 Nichols Road Kansas City 2, Mo	
23c. DATE SIGNED 6-16-51		24a. BURIAL, CREMATION, REMOVAL burial	
24b. DATE June 18-1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
24d. LOCATION (City, town, or county) (State) Kansas City Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Gales Funeral Home	
DATE REC'D BY LOCAL REG. 6-16-51		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE Gales Funeral Home		ADDRESS K.C. Mo.	

Je 1643.

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 *Jimmy S. Hickhorn*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4092*.....

P. O. Address *Mission Kansas*.....

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.