

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27210

State File No. _____

FILED SEP 1 1951

3594

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____									
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u>				b. COUNTY <u>JACKSON</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>JR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>				<u>28</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>215 1/2 INDEP AVE</u>				d. STREET ADDRESS (If rural, give location) <u>215 1/2 INDEP AVE KCMO</u>											
3. NAME OF DECEASED (Type or Print)			a. (First) <u>JOHN</u>			b. (Middle) <u>STERBUCK</u>			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>8 17 51</u>			
5. SEX <u>MO</u>		6. COLOR, OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNK</u>		8. DATE OF BIRTH <u>APR 9 1885</u>		9. AGE (In years last birthday) <u>66</u>		10. UNDER 1 YEAR Months Days		11. UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>COBRA AUSTRIA</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					
13a. FATHER'S NAME <u>MARTIN STERBUCK</u>				13b. MOTHER'S MAIDEN NAME <u>MARY MACKO</u>				14. NAME OF HUSBAND OR WIFE <u>—</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES 4-19-17 to 1-23-19</u>				16. SOCIAL SECURITY NO. <u>495-10-4312</u>		17. INFORMANT'S SIGNATURE OR NAME <u>INEZ MAYS</u>				ADDRESS <u>215 1/2 INDEP AVE KCMO</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of Death unknown</u> ANTECEDENT CAUSES Morbid 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 <u>7955</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>History Heart Len Hayk</u>															
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no relatives to sign Post Mortem</u>										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>maternal</u>		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) (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 _____, 19____, 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 <u>Hugh H. Owens M.D.</u>				23b. ADDRESS <u>1034 Rialto Bldg</u>				23c. DATE SIGNED <u>8-20-51</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REM</u>		24b. DATE <u>8-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FT LEAVENWORTH NTL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>LEAVENWORTH KANS</u>									
DATE REC'D BY LOCAL REG. <u>8-22-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Palmer</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBETO'S</u>				ADDRESS <u>KCMO</u>					

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

SEP 4 1951

NOV 28 1956

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed Russell N. Francis

Licensed Embalmer No. 4255

P. O. Address H. C. Mc

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.