

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

674

State File No.

FILED JAN 23 1953

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 1

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| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>3028</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs, Missouri</u> | | d. STREET ADDRESS (If rural, give location) <u>541 Walnut</u> | |

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|---|-----------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> | b. (Middle) <u>W.</u> | c. (Last) <u>LaBuhn</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 6, 1953</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>December 25, 1898</u> | 9. AGE (In years last birthday) <u>54</u> | 10. UNDER 1 YEAR Months | 11. UNDER 1 YEAR Days | 12. UNDER 1 YEAR Hours | 13. UNDER 1 YEAR Min. |
|--------------------|-------------------------------|---|---|---|-------------------------|-----------------------|------------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchman</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Bank</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Detroit, Michigan</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Herman LaBuhn</u> | 13b. MOTHER'S MAIDEN NAME <u>Bertha Wolff</u> | 14. NAME OF HUSBAND OR WIFE <u>Helen LaBuhn</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u> | 16. SOCIAL SECURITY NO. <u>373142854</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Records</u> | ADDRESS |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, pulmonary, far advanced, active, severe symptoms</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) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>002X</u> <u>ACQ</u> | |

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| 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) <u>--</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>--</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>--</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>--</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>--</u> |
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22. I hereby certify that I attended the deceased from Jan. 2, 1953, to Jan. 6, 1953, ~~that I last saw the deceased on~~ Jan. 6, 1953, and that death occurred at 9:10 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Roy K. Smith</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Excelsior Springs, Missouri</u> | 23c. DATE SIGNED <u>1-6-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u> | 24b. DATE <u>1-9-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Arlington National</u> | 24d. LOCATION (City, town, or county) (State) <u>Arlington W. Va.</u> |
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| DATE REC'D BY LOCAL REG. <u>1-15-53</u> | REGISTRAR'S SIGNATURE <u>Caroline Hulchings</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Mass</u> | ADDRESS <u>Franklin, Missouri</u> |
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0002

1-15-53

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

Harold L. Walker

Licensed Embalmer No. *4588*

P. O. Address *Kathryn, 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.