

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 677

FILED JAN 23 1953

BIRTH NO.		REG. DIST. NO. 71	PRIMARY REG. DIST. NO. 3012	Registrar's No. 7
1. PLACE OF DEATH a. COUNTY CLAY		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 Excelsior Springs Mo. Co.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY North 5008		
d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs Hospital		d. STREET ADDRESS (If rural, give location) 3733 No. Oak Trkwy		
3. NAME OF DECEASED a. (First) Robert (Type or Print)		b. (Middle) D.		c. (Last) Lober
4. DATE OF DEATH (Month) (Day) (Year) JAN 13 1953		5. SEX Male		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 27 1894
9. AGE (In years) (Months) (Days) (Hours) (Min.) 58		10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) RESTURANT OWNER		
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Smithville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John S. Lober		13b. MOTHER'S MAIDEN NAME AMANNA C. ALLEN		14. NAME OF HUSBAND OR WIFE EULA E. LOBER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service) Yes W.W.I		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. EULA E. LOBER
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drouchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary edema DUE TO (c) Hypertensive coronary Sclerotic Heart Disease severe II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 6 days about 6 mo 3 yrs		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 12-3, 1952, to 1-13, 1953, that I last saw the deceased alive on 1-13, 1953, and that death occurred at 9:30P m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) David Morgan, M.D.		23b. ADDRESS Excelsior Springs, Mo.		23c. DATE SIGNED 1-14-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-16-53		24c. NAME OF CEMETERY OR CREMATORY MT Washington
24d. LOCATION (City, town, or county) (State) KANSAS CITY Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer's North Kansas City Mo.		
DATE REC'D BY LOCAL REG. 1-14-53		REGISTRAR'S SIGNATURE Caroline Hutchings		52

(Licensed Embalmer's Statement on Reverse Side)

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

5002

APR 1 1953

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 Glenn A. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 4586

P. O. Address RC 16, 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.