

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5968**
569

FILED FEB 18 1953

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 Jackson	
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 Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.		d. STREET ADDRESS (If rural, give location) 6835 E. 14th. St. 3218	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) F. c. (Last) Hambel		4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 13, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Sheffield Steel	11. BIRTHPLACE (City and State or Foreign Country) Beverly, Missouri
13a. FATHER'S NAME Richard Hambel		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mrs. Emma K. Hambel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 487-05-5185	17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma K. Hambel ADDRESS 6835 E. 14th.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute intestinal obstruction due to adhesive band ANTECEDENT CAUSES band 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 Diabetes mellitus Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia, acute		INTERVAL BETWEEN ONSET AND DEATH 5705 several years 2 weeks
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19a. DATE OF OPERATION 1-19-1953	19b. MAJOR FINDINGS OF OPERATION Acute intestinal obstruction due to adhesive band		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 1-16, 1953, to 1-27, 1953, that I last saw the deceased alive on 1-26, 1953, and that death occurred at 12:50 A.M., from the causes and on the date stated above.

22a. SIGNATURE Richard W. Gunn M.D. (Degree or title)	22b. ADDRESS MD. 6230 Truman Rd. K.C. 3E. Mo.	22c. DATE SIGNED 1-28-1953
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE Jan. 30, 1953	22c. NAME OF CEMETERY OR CREMATORY Floral Hills Ceme. 22d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 1-28-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons Funeral Home ADDRESS K. C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

John B. Coup
Licensed Embalmer No. 295-5-
P. O. Address J. C. M.

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.