

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 710

No. 300
10.48

FILED FEB 18 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>MISSOURI</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>42 YRS.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>6008 TRACEY</u>	

3819

3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORA</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>KOHL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 2 1953</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>ADAM S. STOLPER</u>		13b. MOTHER'S MAIDEN NAME <u>FLORA FAUCETT</u>		14. NAME OF HUSBAND OR WIFE <u>ERVEN D. KOHL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. D. KOHL</u> ADDRESS <u>6008 TRACEY K.C. MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>(This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.)</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tumor of Brain - Malignant</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Mos</u>	
		b. <u>Glioblastoma Multiforme</u>			
		c. <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
		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.		1954	

19a. DATE OF OPERATION <u>1-9-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Malignant tumor of N. frontoparietal region of brain</u>		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 1-9, 1953, to 2-2, 1953, that I last saw the deceased alive on 2-1, 1953, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald F. Coburn</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>411 Nichols Road</u>		23c. DATE SIGNED <u>2-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4 FEB. 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS</u>	
		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>			

DATE REC'D BY LOCAL REG <u>2-3-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FLORAL HILLS MEMORIAL CHAPELS K.C.</u> ADDRESS _____	
---------------------------------------	--	----------------------------------------------	--	------------------------------------------------------------------------------------------	--

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

COBURN

VS FEB 5 1980

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 *Clay C. McCard*

Licensed Embalmer No. 4853

P. O. Address K. C. 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri ss.
County of Jackson

State File No. 6062
Local Registrar's No. 710

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 4th day of March, 1953, before me appears

Crown D. Kahl, who, upon his oath, states that the original record of ~~birth~~ death for Klara Louise Kahl, died ^{born} 2-2-, 1953 in the State of Missouri, and which was filed at Kansas City, Mo. on 2-3-, 1953, should be corrected as follows:

Item No. _____ should read _____

Instead of _____

Item No. 3 should read Louise Klara Kahl

Instead of Klara Louise Kahl

Item No. 13a should read Adam S. Stalper

Instead of Adam S. Stalper

Item No. 13b should read Klara FAUCETT

Instead of Klara Faucett

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

Crown D. Kahl Husband
Relationship.

6008 Tracy K.P. Mo
Present Address.

Subscribed and sworn to before me this 4th day of March, 1953

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5-6062