

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6357  
914

State File No. ....

FILED MAR 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5717 Forest</b>                                      |  | d. STREET ADDRESS (If rural, give location) <b>8217 Walnut</b>   |  |

3948

|   |                           |   |  |   |   |
|---|---------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print)   |                           |   | 4. DATE OF DEATH (Month) (Day) (Year)                          |   |   |
| a. (First) <b>CHARLES</b>   | b. (Middle) <b>REECE</b>  | c. (Last) <b>TOBIAS</b>   | 2  |   | 10 53                                   |
| 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>March 4, 1870</b>                          | 9. AGE (In years last birthday) <b>82</b> | IF UNDER 1 YEAR Months Days             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired K. C. Public Service Co.</b> |                           | 10b. KIND OF BUSINESS OR INDUSTRY                                     | 11. BIRTHPLACE (City and State or Foreign Country) <b>Iowa</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME <b>William V. Tobias</b> | 13b. MOTHER'S MAIDEN NAME <b>Martha Alice Short</b> | 14. NAME OF HUSBAND OR WIFE <b>Laura Tobias</b> |
|---|---|---|

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>492-14-6680</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>J. R. Tobias</b> | ADDRESS <b>1308 E. 32nd Terr.</b> |
|---|--|---|-----------------------------------|

|   |  |                       |  |                                  |
|---|--|-----------------------|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  |  | MEDICAL CERTIFICATION |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of liver, primary</b>   |  | DUE TO (b) _____      |  | <b>2 yrs</b>                     |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | DUE TO (c) _____      |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)            |  |                       |  | <b>162x</b>                      |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) (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 7-11, 1951, to 2-10, 1953, that I last saw the deceased alive on 2-10, 1953, and that death occurred at 8:10 P m., from the causes and on the date stated above.

|   |  |                                    |
|---|--|------------------------------------|
| 23a. SIGNATURE <b>L. W. Brumm</b> (Degree or title) <b>MD</b> | 23b. ADDRESS <b>L. W. Brumm, M. D. 508 Wirthman Bldg. Kansas City 3, Mo.</b> | 23c. DATE SIGNED <b>FEB 11 '53</b> |
|---|--|------------------------------------|

|   |                          |   |   |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> | 24b. DATE <b>2/10/53</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL</b> | 24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b> |
|---|--------------------------|---|---|

|   |  |   |                          |
|---|--|---|--------------------------|
| DATE REC'D BY LOCAL REG. <b>2-11-53</b> | REGISTRAR'S SIGNATURE <b>Geraldine Smith</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE-McCLURE</b> | ADDRESS <b>K.C., MO.</b> |
|---|--|---|--------------------------|

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

Dr. L. W. Bunn  
Westman & Co  
314 Transit  
Wc 7272  
after 1:00 P.M.

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

*F. D. Waller*

Licensed Embalmer No. *2744*

P. O. Address *H. C. 2744*

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.