

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42986**  
**6038**

1-14-54

FILED JAN. 14 1954

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

1. PLACE OF DEATH <i>Childrens Mercy Hospital</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <i>Jackson</i>		a. STATE <i>Missouri</i>	b. COUNTY <i>Lafayette</i>
b. CITY OR TOWN <i>Kansas City</i>	c. LENGTH OF STAY (In this place) <i>1 day</i>	c. CITY OR TOWN <i>Odessa, Rt # 2, Washington</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Childrens Mercy Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>Rt # 2</i>	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <i>Phillip</i>	b. (Middle) <i>Blain</i>	c. (Last) <i>Kabel</i>	(Month) <i>Dec</i>	(Day) <i>25</i>	(Year) <i>1953</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>child</i>	8. DATE OF BIRTH <i>Oct. 16, 1949</i>		9. AGE (In years last birthday) <i>4 yrs 2 mo 9 da</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>child</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>child</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Buckner, Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					

13a. FATHER'S NAME <i>Ralph Kabel</i>	13b. MOTHER'S MAIDEN NAME <i>Marie Cox</i>	14. NAME OF HUSBAND OR WIFE <i>child</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>
17. INFORMANT'S SIGNATURE OR NAME <i>Ralph Kabel, Rt # 2, Odessa, Missouri</i>		
ADDRESS _____		

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lymphosarcoma with partial</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 Mo.</i>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Intestinal Obstruction</i>			<i>2 Mo</i>
	DUE TO (c) <i>Post operative Double Barrel Colostomy, Hydronephrosis, Rt.</i>			<i>1 Mo</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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 *Dec 25, 1953*, to *Dec 25, 1953*, that I last saw the deceased alive on *Dec 25, 1953*, and that death occurred at *9:45 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Wayne Hart</i> (Degree or title)	23b. ADDRESS <i>Wayne Hart, K.C. Mo</i>	23c. DATE SIGNED <i>Dec 25, 1953</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>12/28/53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Buckner Cem</i>
24d. LOCATION (City, town, or county) (State) <i>Buckner, Mo</i>		

DATE REC'D BY LOCAL REG. <i>12-26-53</i>	REGISTRAR'S SIGNATURE <i>Geraldine Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Ruppert Funeral Home, Buckner, Mo</i>	ADDRESS _____
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(Licensed Embalmer's Statement on Keys) *Sidmon's*

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 R. Sidman*  
Licensed Embalmer No. 4531  
P. O. Address Kansas City, 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.