

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27886

FILED SEP 3 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 346

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 town) INDEPENDENCE, MISSOURI	c. LENGTH OF STAY (in this place township) 4 DAYS	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION INDEPENDENCE SANITARIUM		STREET ADDRESS (If rural, give location) 601 EAST ARMOUR BLVD	

3. NAME OF DECEASED (Type or Print) MAMIE	a. (First)	b. (Middle)	c. (Last) RABE	4. DATE OF DEATH (Month) (Day) (Year) August 29, 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	8. DATE OF BIRTH OCT. 2, 1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - EMPLOYEE	10b. KIND OF BUSINESS OR INDUSTRY INDEPENDENCE SANITARIUM	11. BIRTHPLACE (City and State or Foreign Country) ABILENE KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN W. THORNE	13b. MOTHER'S MAIDEN NAME KATHERINE THORN	14. NAME OF HUSBAND OR WIFE AMOS H. RABE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. 512-14-4759	17. INFORMANT'S SIGNATURE OR NAME MISS KATHERYN RABE	ADDRESS 601 E. ARMOUR KANSAS CITY MO.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis	ANTECEDENT CAUSES DUE TO (b) Coronary Atherosclerosis	7 days
	DUE TO (c) Diabetes Mellitus		1 year
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		8 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 21, 1954 to Aug 29, 1954, that I last saw the deceased alive on Aug 28, 1954, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE Est. Allen M. D.	(Degree or title)	23b. ADDRESS Independence, Mo	23c. DATE SIGNED Aug 29-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG 29 1954	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.	24d. LOCATION (City, town, or county) TOPENA KANSAS (State)
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DATE REC'D BY LOCAL REG. 8-29-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SON'S K.C. MO.	ADDRESS 1331 BRUSH CREEK
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(Licensed Embalmer's Statement on Reverse Side)

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

12 21 44 T.

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.....
Signature of Student Embalmer

Signed *Richard L. Rogers*.....

Licensed Embalmer No. *498*.....

P. O. Address *A. L. 7*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.