

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40886**
5634

FILED DEC 27 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>KANSAS</u> b. COUNTY <u>MIAMI</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>2 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OSAWATOMIE 21508</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>513 BROWN, AVE.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>L.</u> c. (Last) <u>DEBAUN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 8, 1954</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JAN. 2, 1868</u>		9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 18 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SCALE CARPENTER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>MO. PAC. RR FARMERSBURG, IND.</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN DEBAUN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HARRIS</u>		14. NAME OF HUSBAND OR WIFE <u>NONE -</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>702-14-8329</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JENNIE ROWZEE, OSAWATOMIE, KANSAS</u>		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, 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) <u>Abdominal carcinomatosis</u>				DUE TO (b) <u>Gastric carcinoma</u>				unknown
ANTECEDENT CAUSES				DUE TO (c) _____				unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>1517</u>
19a. DATE OF OPERATION <u>Oct. 22, 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of stomach (inoperable) with massive liver and lymph node invasion</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 <u>Oct. 8,</u> 19 <u>54</u> , to <u>Dec. 8,</u> 19 <u>54</u> , that I last saw the deceased alive on <u>Dec. 7,</u> 19 <u>54</u> , and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. E. Castles, M.D.</u>				23b. ADDRESS <u>1002 Argyle Building, K.C. Mo.</u>		23c. DATE SIGNED <u>12-8-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>DEC. 8, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ALTOONA, CEMETERY ALTOONA, KANSAS</u>		24d. LOCATION (City, town, or county) (State) _____			
DATE REC'D BY LOCAL REG. <u>12-8-54</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Swick & Tobin</u>		ADDRESS <u>2000 Linwood</u>		

AUG 16 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Forrest D. Goldsnow

Signed.....
Student Embalmer

Licensed Embalmer No. *4214*

P. O. Address *R. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.