

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8484

State File No. \_\_\_\_\_

FILED APR 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1221

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). 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 OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>20 Yrs</b>		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 <b>Simpson N.H 2836 Benton</b>		STREET ADDRESS (If rural, give location) <b>42 3015 Paseo</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Hiram</b> b. (Middle) <b>Lienemann</b> c. (Last) <b>Wubenhorst</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 16 1955</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>May 14 1892</b>
<b>9. AGE</b> (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Building</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Liberty, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S</b>
<b>13a. FATHER'S NAME</b> <b>John Wubenhorst</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Trenga Lienemann</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Ruby Wubenhorst</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES W.W. # 1</b>		<b>16. SOCIAL SECURITY NO.</b> <b>487-01-1583</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME ADDRESS</b> <b>Mrs. Ruby Wubenhorst, 3015 Paseo</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
ANTECEDENT CAUSES <b>Metastatic Cancer of Bladder and abdomen</b>		<b>6 months</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
DUE TO (c) <b>Carcinoma of left kidney</b>		<b>2 years</b>	
II. OTHER SIGNIFICANT CONDITIONS <b>180X</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b> <b>Oct. 16, 1955</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Carcinoma of left kidney with local metastasis</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> _____			
<b>22. I hereby certify that I attended the deceased from</b> <b>12-23, 1954, to 7-16, 1955</b> <b>that I last saw the deceased alive on</b> <b>7-12, 1955</b> , <b>and that death occurred at</b> <b>10:20 PM</b> <b>from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>Morris Duncan</b> (Degree or title) <b>D.O.</b>		<b>23b. ADDRESS</b> <b>3102 Troost Ave. Kansas City, Missouri</b>	
<b>23c. DATE SIGNED</b> <b>3-17-55</b>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>March 18, 1955</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Floral Hills</b>		<b>24d. LOCATION (City, town, or county) (State)</b> <b>Kansas City Missouri</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>3-17-55</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Neva Minshall</b>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> _____		<b>ADDRESS</b> <b>FLORAL HILLS MEMORIAL CHAPELS, INC. K.C.MO</b>	

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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 *Lloyd C. McLeod* .....

Licensed Embalmer No. *485*

P. O. Address *N. C.*

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.