No. 300
10.48

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22339

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3178

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS City
c. LENGTH OF STAY (in this place) 69 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2610 EAST 8th STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY JACKSON
c. CITY OR TOWN KANSAS City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 14 2610 EAST 8th STREET 3488 0

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) VICTOR c. (Last) RECOB, SR.
4. DATE OF DEATH (Month) (Day) (Year) July 23, 1955

5. SEX MALE
6. COLOR OR RACE White
7. MARRIED, ~~NEVER MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify) MARRIED
8. DATE OF BIRTH Aug 27, 1884
9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (City and State or Foreign Country) South Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME LEONIDAS M. RECOB
13b. MOTHER'S MAIDEN NAME CLARA EWING
14. NAME OF ~~HUSBAND OR~~ WIFE ROSE RECOB

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME K.C. Mo. ADDRESS MRS. ROSE RECOB 2610 EAST 8th STREET

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)	Possible Coronary Thrombosis	Minutes
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	5 yrs
DUE TO (c)	Generalized Arteriosclerosis	5 yrs
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Rheumatoid Arthritis	7 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4200
20. AUTOPSY? YES ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 28, 1950, *to* July 23, 1955, *that I last saw the deceased alive on* July 19, 1955, *and that death occurred at* 11:00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE John M. Powers (Degree or title) John M. Powers M.D.
23b. ADDRESS 3304 Linwood
23c. DATE SIGNED 7/25/55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JULY 26 1955
24c. NAME OF CEMETERY OR ~~CREMATORY~~ MT. WASHINGTON CEM.
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 7-26-55
REGISTRAR'S SIGNATURE Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE 1331 ADDRESS K.C. Mo. D.W. NEWCOMERS SONS BRUSH CREEK BLVD

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John M. Powers

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lollie Kessel

Licensed Embalmer No. 469

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.