No. 300
10-48

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29771
State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4053

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

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): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Jefferson
c. CITY OR TOWN: McLouth
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
X STREET ADDRESS (If rural, give location): 8159

3. NAME OF DECEASED (Type or Print)
a. (First): ROY
b. (Middle):
c. (Last): LOBB

4. DATE OF DEATH (Month) (Day) (Year): 9 — 17 — 55

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 17, 1891
9. AGE (In years last birthday): 64
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): Grocryman
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and State or Foreign Country): McLouth, Kas
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William L. Lobb
13b. MOTHER'S MAIDEN NAME: Anna Gillmartin
14. NAME OF HUSBAND OR WIFE: Mrs. Nannie Lobb

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.: 509—05-9292
17. INFORMANT'S SIGNATURE OR NAME: Deryl Lloyd, 109 E. 32nd Terrace
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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Encephalitis Lethargica — INTERVAL BETWEEN ONSET AND DEATH: Weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 08-X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* Sept 1, 1955, *to* Sept, 1955, *that I last saw the deceased alive on* 9-16, 1955, *and that death occurred at* 1:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE V. B. Ballard (Degree or title): V. B. Ballard MD
23b. ADDRESS: 411 Meals Road, Kansas City, Mo.
23c. DATE SIGNED: 9-17-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-17-55
24c. NAME OF CEMETERY OR CREMATORY: McGlauth
24d. LOCATION (City, town, or county) (State): McLouth, Kas.

DATE REC'D BY LOCAL REG.: 9-17-55
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: Freeman Mortuary
ADDRESS: 104-W. 42nd St

(Licensed Embalmer's Statement on Reverse Side)

DEC 16 1955

411 Nichols Road

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 Walter H. Eru

Licensed Embalmer No. 43

P. O. Address K. C.

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.