

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36965**
5052

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
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 township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 50 YEARS		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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				91. STREET ADDRESS (If rural, give location) 7431 BROADWAY				
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES			b. (Middle) C.		c. (Last) PABST		4. DATE OF DEATH (Month) (Day) (Year) November 17, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH December 26, 1984		9. AGE (In years last birthday) 71 7 D	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - EYES DYNAMITER		10b. KIND OF BUSINESS OR INDUSTRY FLINN ROCK CRUSHER COMPANY		11. BIRTHPLACE (City and State or Foreign Country) Louisburg, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Pabst		13b. MOTHER'S MAIDEN NAME Mary ELLEN BLACKMORE		14. NAME OF HUSBAND OR WIFE MRS. MARY JANE PABST				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	16. SOCIAL SECURITY NO. 495-05-1129		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records, K. C. Mo. 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, asthma, etc. It means the disease, injury, or complication which caused death.							INTERVAL BETWEEN ONSET AND DEATH 4 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction, septum							Unknown	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Moderate arteriosclerotic heart disease with cardiomegaly							42 wof	
DUE TO (c) Fracture of right femur							22 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) Kansas City (COUNTY) Jackson (STATE) Missouri				
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY October 26, 1955 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell while getting out of bed.				
22. I hereby certify that I attended the deceased from October 28 1955 , to November 17 1955 and that death occurred at 9:00A m., from the causes and on the date stated above.								
23a. SIGNATURE Joaquin F. Lopez, M.D. (Degree or title)				23b. ADDRESS VA Hospital, Kansas City, Mo.		23c. DATE SIGNED 11/18/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 21, 1955	24c. NAME OF CEMETERY OR CREMATORY Mt. MORIAH CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
DATE REC'D BY LOCAL REG. 11-21-55		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE W.A. Newcomer's Sons ADDRESS 1331 - BRUSH CREEK KANSAS CITY, MO.				

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1958

11

1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard L. Rogers*

Licensed Embalmer No. 497

P. O. Address *H. M.*

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