

FILED JUL 18 1956

STANDARD CERTIFICATE OF DEATH

28101

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 28101

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If in institution, residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Platte</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Parkville</u> <u>0830</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Joseph</u>			Length of stay in lb <u>S.O.A.</u>		d. STREET ADDRESS <u>R2D. 4. Ba</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>George Herman Tebbe</u>				4. DATE OF DEATH <u>June 27-1956</u>		Month <u>June</u> Day <u>27</u> Year <u>1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb 22 1868</u>		
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>08</u> Days <u>08</u> Hours <u>00</u> Min. <u>00</u>		IF UNDER 24 HRS. Months <u>00</u> Days <u>00</u> Hours <u>00</u> Min. <u>00</u>				
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			100. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and state or country) <u>Cincinnati Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Bernard Tebbe</u>				14. MOTHER'S MAIDEN NAME <u>do not know.</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Ernest Tebbe. Parkville. MO</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocarditis and myocardial degeneration</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <u>June 27, 1956</u> to <u>June 27, 1956</u> and last saw <u>her</u> alive on <u>June 27, 56</u> . Death occurred at <u>11:50 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>H. C. Thurman</u>				22b. ADDRESS <u>M.D. 1181st Parkville, MO</u>		22c. DATE SIGNED <u>6-28-56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>June 29-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>East Slope</u>		23d. LOCATION (City, town, or county) (State) <u>Parkville. MO</u>		
24. FUNERAL DIRECTOR <u>Edward H. Francis</u>		ADDRESS <u>Parkville MO</u>		25. DATE RECD. BY LOCAL REG. <u>6-29-56</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		

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 *Leland H. Francis*.....

Licensed Embalmer No. *349*

P. O. Address *Parkville, Mo.*

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.