

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26947**

FILED AUG 27 1956

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3275	
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) Life		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 7417 Prospect Ave.				e. STREET ADDRESS (If rural, give location) 7417 Prospect Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) Irvin			c. (Last) Huebner	
4. DATE OF DEATH (Month) (Day) (Year) July 27 1956		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 31, 1896		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days		IF UNDER 100 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R.		11. BIRTHPLACE (City and State or Foreign Country) Lincoln County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John A. Huebner		13b. MOTHER'S MAIDEN NAME Nellie Smith		14. NAME OF HUSBAND/OR WIFE Lottie Effie Huebner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. V. I.		16. SOCIAL SECURITY NO. 702-14-3199		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John Huebner 7417 Prospect			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral thrombosis 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.				INTERVAL BETWEEN ONSET AND DEATH 28 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min) (Sec)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 29 , 19 56 , to July 17 , 19 56 , that I last saw the deceased alive on July 17 , 19 56 , and that death occurred at 12:15 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. E. Castles (Degree or title) M. D.				23b. ADDRESS 1002 Argyle Building Kansas City, Missouri		23c. DATE SIGNED 7/28/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 30, 1956		24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 7-28-56		REGISTRAR'S SIGNATURE Neva Marshall		25. POWER OF ATTORNEY'S SIGNATURE ADDRESS W. C. Nichols, 6800 Transit			

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *W. L. Ward*

Licensed Embalmer No. *399*

P. O. Address *308 E. 68th St.
N. E. 7th*

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.