

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34255

State File No. 4289

FILED OCT 24 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY OR TOWN <u>Liberty</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>RR 4</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lydia</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Sobbe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 1, 1956</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 8, 1870</u>			
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 48 HRS: Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Richard VanTrump</u>			13b. MOTHER'S MAIDEN NAME <u>Barbra Heiny</u>			14. NAME OF HUSBAND OR WIFE <u>Theorde Sobbe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nadine Gee Liberty, Mo.</u>			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.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brycepneumonia</u>		ANTECEDENT CAUSES						<u>6 hrs</u>	
DUE TO (b) <u>Pulmonary Edema</u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						<u>24 hrs</u>	
DUE TO (c) <u>Cardio-vascular failure</u>		II. OTHER SIGNIFICANT CONDITIONS						<u>3 days</u>	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerosis 9.903%</u>						<u>years</u>	
19a. DATE OF OPERATION <u>9-28-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture right femur neck</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, store bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Liberty</u>		21d. (COUNTY) <u>Clay</u>		21e. (STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 28, 1956 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in bathroom</u>					
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>52</u> , to <u>Sept 30</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Sept 30</u> , 19 <u>56</u> , and that death occurred at <u>7:10 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Richard Hill D.O.</u>				23b. ADDRESS <u>Liberty, Missouri</u>		23c. DATE SIGNED <u>10-1-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-3-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City North, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-2-56</u>		REGISTRAR'S SIGNATURE <u>Merna Marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Taylor Parley Funeral Home</u>		ADDRESS <u>Liberty, Mo</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Wilbur T. Hill D.O.

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.....
John Parley

Licensed Embalmer No. *4328*.....

P. O. Address *Liberty*.....

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.