

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37916**
4939

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4939</u>	
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) Kansas City		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"/>		e. LENGTH OF STAY (In this place) 6 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1005 West 17th Street				f. STREET ADDRESS (If rural, give location) 4725 Chapin Rd.			
3. NAME OF DECEASED (Type or Print) Bobby Gene Carbah			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 11-13-56	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, OR Married (Specify)	8. DATE OF BIRTH Aug. 3, 1932		9. AGE (In years last birthday) 24	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) Painter		10b. KIND OF BUSINESS OR INDUSTRY Building trades		11. BIRTHPLACE (City and State or Foreign Country) Clinton, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Ira L. Carbah		13b. MOTHER'S MAIDEN NAME Pauline Stotts		14. NAME OF HUSBAND OR WIFE Georgia Carbah			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no.		16. SOCIAL SECURITY NO. 487-34-0253		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ira L. Carbah, 3738 Garfield			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death by Electrocuttion?				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				9143 9	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Part Refused				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (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) Mo			
21d. TIME OF INJURY (Month) (Day) (Year) 11-13-56		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Chain Hoist Truck Turned over			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Hugh H. Owens Coroner				23b. ADDRESS 1034 Prairie Blvd		23c. DATE SIGNED 11-15-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-16-56	24c. NAME OF CEMETERY OR CREMATORY Clinton Cemetery		24d. LOCATION (City, town, or county) (State) Clinton, Missouri		
DATE REC'D BY LOCAL REG 11-15-56		REGISTRAR'S SIGNATURE Hugh H. Owens		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Tigerman & Sons K, C. MO.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Hugh H. Owens

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 R. Sidmon*

Licensed Embalmer No. *453*

P. O. Address *Kansas City*

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.