

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1957

State File No. 41588  
5548  
Registrar's No.

BIRTH NO. 100131-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY JACKSON		
b. CITY 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 HOSPITAL OR INSTITUTION St Joseph			STREET ADDRESS (If rural, give location) 5542 Olive		
3. NAME OF DECEASED (Type or Print) a. (First) Patricia b. (Middle) Sue c. (Last) Lobdell			4. DATE OF DEATH (Month) (Day) (Year) Dec 21 56		
5. SEX Girl	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never	8. DATE OF BIRTH 12/21/56		9. AGE (In years last birthday) 12 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY Mo		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME G. Irving Lobdell		13b. MOTHER'S MAIDEN NAME JANICE ELAINE Wood		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS: G. Irving Lobdell, 5542 Olive		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital abnormality incompatible with life ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anencephaly 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  750x
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 12-21, 1956, to 12-21, 1956, that I last saw the deceased alive on 12-21, 1956, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Webb S. Alsop, Jr. (Degree or title) M.D.		23b. ADDRESS 411 Michale Rd. K.C. Mo.		23c. DATE SIGNED 12-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation	24b. DATE 12-22-56	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Mo		
DATE REC'D BY LOCAL REG. 12-22-56	REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagner Funeral Home K.C. Mo		

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 was not embalmed, Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Alvin R. Haunschild

Licensed Embalmer No. 415

P. O. Address H. C. 211

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.