THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

1360

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 342

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1422 Walnut — Length of stay in 1 2 34 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MIssouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 29 West 57th (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOHN Middle D. Last LOBB

4. DATE OF DEATH Month Jan. Day 22 Year 1957

5. SEX male

6. COLOR OR RACE white

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH April 19, 1885

9. AGE (In years last birthday) 71 — 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) Auditor

10b. KIND OF BUSINESS OR INDUSTRY Mo. Employment Agency

11. BIRTHPLACE (City and state or country) New York

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John D. Lobb

14. MOTHER'S MAIDEN NAME Julia Granger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. 495-20-3808

17. INFORMANT Edna Lobb (wife) Address 29 W. 57th Kan. City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Coronary Disease — 15 years

DUE TO (c) Two Previous acute attacks — —

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1935, to Jan 22-57 and last saw him alive on Dec 12-56
Death occurred at about 4 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frederick C. Lamar

22b. ADDRESS 6211 Professional Bldg

22c. DATE SIGNED Jan 23-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

23b. DATE 1/24/57

23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomers' Sons

23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Stine & McClure Und. Co. K.C. Mo.

25. DATE RECD. BY LOCAL REG. 1-23-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Frederick C. Lamar M. D.

Doctor, coroner, etc. must use only standard ... diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Dr. Frederick Lamar W - 2 - 4026 prof Bld.
3633 Charlotte Lo 1 - 2706

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....J. T. Crowell.....

Licensed Embalmer No...49

P. O. Address.....K. C.

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.