

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 2-1957

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 182

pt. Health,
, & Welfare
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securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Kansas City	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Sanit.&Hosp		d. STREET ADDRESS 216 South Ash	
Length of stay in 1b 5 days		(If outside, give location) 0	
3. NAME OF DECEASED (Type or print) First AMNEY Middle C. Last LOBER		4. DATE OF DEATH Month Apr. Day 21, Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 5, 1867
9. AGE (In years (day, birthday) 89)		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self-Employed	11. BIRTHPLACE (City and state or country) Weston, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Allen	
13b. MOTHER'S MAIDEN NAME Unknown Linville		14. NAME OF HUSBAND OR WIFE John S. Lober	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Eva L. Scholze, 1216 So. Ask, K.C. Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Cecum Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) with Bowel Hemorrhage - DUE TO (c) and Ascites -			INTERVAL BETWEEN ONSET AND DEATH 2 Mos
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 153X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1948 to April 21, 1957 and last saw her alive on April 21, 1957 Death occurred at 9:05 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Blabal MD (Degree or title)		22b. ADDRESS 1810 Ash Independence Mo	
22c. DATE SIGNED 4-22-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr. 24, 1957	
23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR George C. Carson, Independence, Mo.		25. DATE RECD. BY LOCAL REG. 4-24-57	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

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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 John A. Dedmon, Student Embalmer No. 541

working under my personal supervision.

Student John A. Dedmon
Signature of Student Embalmer

Signed John C. Carson
Licensed Embalmer No. 4199
P. O. Address Stuy 90

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.