

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

'57 0 21 1 24  
 State File No. ....

FILED JUL 12 1957

2968

BIRTH NO. 47122-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2968

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (If this place) <u>4 Hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MERRIAM	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. STREET ADDRESS (If rural, give location) 815 0 <u>6416 LOWELL</u>	
3. NAME OF DECEASED (Type or Print) a. (First) LEROY	b. (Middle) CHARLES	c. (Last) HUBANKS, JR.	4. DATE OF DEATH (Month) (Day) (Year) 6 24 57
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEWBORN	8. DATE OF BIRTH 6/23/57
9. AGE (In years last birthday) 0	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) newborn	11. BIRTHPLACE (State or foreign country) KANSAS CITY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME LEROY CHARLES HUBANKS, SR.	13b. MOTHER'S MAIDEN NAME IMOGENE HALL HUBANKS	14. NAME OF HUSBAND OR WIFE NEWBORN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME LEROY CHARLES HUBANKS, SR.	ADDRESS 6416 LOWELL MISSION KS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PREMATURITY</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 <u>6 hours</u>  <u>776</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11:45 p.m. 6-23, 1957, to 4:00 a.m. 6/24, 1957, that I last saw the deceased alive on 6/24, 1957, and that death occurred at 4:02 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David J. Buddrus, M.D.</u>	23b. ADDRESS <u>6247 Brookside</u>	23c. DATE SIGNED <u>6-24-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>6/24/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Shawnee, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>6-26-57</u>	REGISTRAR'S SIGNATURE <u>neira minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Eugene P. Umms</u>	ADDRESS <u>Shawnee, Kans.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 David J. Buddrus



**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 \_\_\_\_\_  
Student Embalmer

Signed *E. Paulinos* \_\_\_\_\_

Licensed Embalmer No. *4385* \_\_\_\_\_

P. O. Address *Shawnee, Kan.* \_\_\_\_\_

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 this body is not embalmed, fact should be so stated above.