FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24640

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3312

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Midland Hotel — Length of stay in this place: 6 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 X No ☐
STREET ADDRESS (If outside, give location) 2 West 14th St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Rudolph Middle Trumble Last Jarboe

4. DATE OF DEATH: Month July Day 14 Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH: Nov 26 1880

9. AGE (In years last birthday): 76 — 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): Retired

10b. KIND OF BUSINESS OR INDUSTRY: K.C. Gas Co.

11. BIRTHPLACE (City and state or country): Paola, Kansas

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

13. FATHER'S NAME: Campbell Jarboe

14. MOTHER'S MAIDEN NAME: Emma Trumble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 487-10-8768A

17. INFORMANT: Mrs Katherine Dunaway Address: 2 West 14th St. K.C. 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) Carcinoma lung — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____ — 163 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): arterio-sclerotic heart dis

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

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: 7-14-57

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 3-13-56 to 7-9-57 and last saw him alive on 7-9-57
Death occurred at 11:45 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James A. Jarvis (Degree or title) M.D.

22b. ADDRESS: 4620 J.C. Nichols Parkway

22c. DATE SIGNED: 7-15-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 16 1957

23c. NAME OF CEMETERY OR ~~CREMATORY~~: Mt. Washington Cemetery

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

24. FUNERAL DIRECTOR: D.W. Newcomer Sons — ADDRESS: 1351 Brush Creek Blvd K.C. Mo.

25. DATE RECD. BY LOCAL REG.: 7-16-57

26. REGISTRAR'S SIGNATURE: Nora Winchell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

James A. Jarvis, M.D.

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 Adrian Jay Ste

Licensed Embalmer No. 48

P. O. Address K.C., M

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.