THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 13 1958

STATE FILE NUMBER 1275

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 295

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 HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Pearl's Nursing Home — Length of stay in 1b 32 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 1027 E. 9th (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MABEL Middle Last HOBBS

4. DATE OF DEATH Month Day Year Jan. 19, 1958

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH Feb. 16, 1882
9. AGE (In years last birthday) 75 — 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) House Bindery
10b. KIND OF BUSINESS OR INDUSTRY United School
11. BIRTHPLACE (City and state or country) Liberty Kansas 1
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harlo B. McKean
14. MOTHER'S MAIDEN NAME Alice Doggs

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. none
17. INFORMANT Address Cecil B. Hobbs, R.6, Bx 256, Parkville, 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) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 3 yrs
DUE TO (c) — 45 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

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
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 6-1-57, to 1-19-58 and last saw her/him alive on 1-19-58
Death occurred at 8:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Paul Laurenzana M.D. (Degree or title)
22b. ADDRESS 428 S. Whitame
22c. DATE SIGNED 1-19-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 21, 1958
23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery
23d. LOCATION (City, town, or county) (State) Independence, Missouri

24. FUNERAL DIRECTOR ADDRESS George C. Carson, Independence, Mo.
25. DATE RECD. BY LOCAL REG. 1-20-58
26. REGISTRAR'S SIGNATURE Neva Menchall

(Licensed Embalmer's Statement on Reverse Side)

Frank Paul Laurenzana M. D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 R. Kenneth Patterso

Licensed Embalmer No. 116

P. O. Address Indep

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.