Health, Welfare Public Service

300 1-57

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005447
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 843

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) KANSAS CITY — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5317 CHARLOTTE — Length of stay in lb 55 YEARS

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 (If outside, give location) 5317 CHARLOTTE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HUGH Middle DEWITT Last DASBACH

4. DATE OF DEATH Month FEB Day 15 Year 1958

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH MAY 12-1889
9. AGE (In years last birthday) 68 — 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 Manager of Circ.
10b. KIND OF BUSINESS OR INDUSTRY K.C. Star
11. BIRTHPLACE (City and state or country) LAGRANGE, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HENRY DASBACH
13b. MOTHER'S MAIDEN NAME ANNA GRAVES
14. NAME OF ~~HUSBAND OR~~ WIFE RUTH L. DASBACH

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. 487-03-7836
17. INFORMANT RUTH L. DASBACH — Address KANSAS CITY, MO. 5317 CHARLOTTE

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 thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary athero-sclerosis — 8 years
DUE TO (c) — 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Essential hypertension
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 11-12-1950, to 2-15-1958 and last saw ~~her~~ him alive on 2-10-1958
Death occurred at 6:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph E Welker MD
22b. ADDRESS 836 Prof Bldg. K.C. 6 Mo
22c. DATE SIGNED 2-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE FEB 17-1958
23c. NAME OF CEMETERY OR CREMATORY MOUNT MORIAH Cemetery
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI

24. FUNERAL DIRECTOR D.W. Newcomer's Sons — ADDRESS KANSAS CITY, MO. 1331 BRUSH CREEK
25. DATE RECD. BY LOCAL REG. 2-17-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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.

Joseph E. Welker USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....
Signature of Student Embalmer

Signed Basil V. Honey, ...

Licensed Embalmer No. 4724,

P. O. Address K.C., Mo.

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.