

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014284
State File No.

FILED APR 22 1958

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1005 Registrar's No. 1641

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u> | c. LENGTH OF STAY (in this place) <u>7 mo. 16 da.</u> | c. CITY OR TOWN <u>KANSAS CITY</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C. TUBERCULOSIS-HOSP.</u> | | | |
| e. STREET ADDRESS (If rural, give location) <u>715 ELMWOOD</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LEON</u> | b. (Middle) <u>THOMAS</u> | c. (Last) <u>KUBICKI</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 29 1958</u> |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>JUNE 24-1878</u> |
| 9. AGE (In years last birthday) <u>79</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AUTO PAINTER</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>POSEN GERMANY</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>FRANK S. KUBICKI</u> | 13b. MOTHER'S MAIDEN NAME <u>ELIZABETH KROLEK</u> | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>486-01-7784</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Doris J. Stout</u> ADDRESS <u>715 Elmwood</u> |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> | INTERVAL BETWEEN ONSET AND DEATH |
| | 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. | <u>002-7</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 8-13, 1957, to MARCH 29, 1958, that I last saw the deceased alive on 3/29, 1958, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Edward P. Thomas M.D.</u> (Degree or title) | 23b. ADDRESS <u>KETB HOSPITAL</u> | 23c. DATE SIGNED <u>3/29/58</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3-31-1958</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Gardens</u> |
| | 24d. LOCATION (City, town, or county) (State) <u>Raytown Mo (KC)</u> | |

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| DATE REC'D BY LOCAL REG. <u>3-29-58</u> | REGISTRAR'S SIGNATURE <u>Neva Marshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Floral Hills Mem. Chapel</u> ADDRESS <u>St. Louis</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Edward P. Altomare

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 *R. J. Nofsinger*
Licensed Embalmer No. *3930*
P. O. Address *F. C. 71*

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.