

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018323

STATE FILE NUMBER

FILED JUN 11 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2647

300  
1-57

|  |                                  |   |  |  |   |
|--|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Kansas City</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>General Hospital</b>   |                                  | Length of stay in 1b<br><b>30 years</b>   | d. STREET ADDRESS <b>4724 Blue Parkway</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Otto</b> Middle <b>N.</b> Last <b>Lauber</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>23</b> Year <b>1958</b>  |  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>June 7, 1905</b>  | 9. AGE (In years last birthday)<br><b>52</b>           |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Butcher</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Butcher</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Germany</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>   |
| 13a. FATHER'S NAME<br><b>John Lauber</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Katherine Unknown</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Mary Jane Lauber</b> |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, No or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>492-14-8812</b>   | 17. INFORMANT<br><b>Mary Jane Lauber, 4724 Blue Parkway, K.C., Mo.</b>   |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Peritonitis</b>  |                                  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Perforated gastric ulcer</b>   |                                  |   |  |  | <b>5401</b>   |
| DUE TO (c) _____   |                                  |   |  |  |   |
| 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?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |   |
| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____  |                                  |   |  |  |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 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 <b>May 22, 1958</b> to <b>May 23, 1958</b> and last saw him alive on <b>May 23, 1958</b><br>Death occurred at <b>8:10 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |  |   |
| 22a. SIGNATURE<br><i>B. I. Burns, M.D.</i><br>(Degree or title)  |                                  |   | 22b. ADDRESS<br><b>24th &amp; Cherry</b>   |  | 22c. DATE SIGNED<br><b>5-25-58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>May 25, 1958</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Brookings Cemetery</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Raytown, Missouri</b>                         |
| 24. FUNERAL DIRECTOR<br><b>D. W. NEWCOMER'S SONS 1331 Brush Creek, K.C., Mo.</b>   |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>5-25-58</b>   | 26. REGISTRAR'S SIGNATURE<br><i>Neve Marshall</i>      |   |

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

B. I. Burns

JUL 22 1958

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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 *Chester K Brown* .....

Licensed Embalmer No. *4921* .....  
P. O. Address *KC 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.