

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001381

STATE FILE NUMBER  
313

FILED FEB 5 1959

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

313

300  
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson City	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes		Length of stay in lb 13 days	d. STREET ADDRESS (If outside, give location) 4211 W. 53 St. Terr. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Richard David Kober			4. DATE OF DEATH Month Day Year January 16, 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 11, 1934	9. AGE (In years by birthday) 24	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Representative	10b. KIND OF BUSINESS OR INDUSTRY Kohler Co.	11. BIRTHPLACE (City and state or country) Kohler, Wisconsin	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jacob Kober	13b. MOTHER'S MAIDEN NAME Arlene Reinemann	14. NAME OF HUSBAND OR WIFE Carol Hilda Kober
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (if yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 389-32-7153	17. INFORMANT Carol Hilda Kober, 4211 W. 53 St. Terr.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <del>Heart failure of pending completion autopsy study</del> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) hepatal + renal failure DUE TO (c) etiology unknown		INTERVAL BETWEEN ONSET AND DEATH
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 <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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 Kansas City	COUNTY Jackson Mo.	STATE
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21. I attended the deceased from 1/5/59 to 1/16/59 and last saw her alive on 1/16/59 Death occurred at 2:05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Richard L. Elyar M.D.	22b. ADDRESS 1103 Grand Kansas City, Mo.	22c. DATE SIGNED 1/17/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-18-59	23c. NAME OF CEMETERY OR CREMATORY Kohler Cemetery	23d. LOCATION (City, town, or county) (State) Kohler, Wisconsin
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24. FUNERAL DIRECTOR Mellody-McGilley-Eylar K. C. Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 1-17-59	26. REGISTRAR'S SIGNATURE Reva Marshall
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Richard L. Elyar use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

MAR 27 1959

*[Faint handwritten notes]*

200-2-3998

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 *Wm. Gentry* .....  
Licensed Embalmer No. *5038* .....  
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.