

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001383

STATE FILE NUMBER

71

FILED JAN 21 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN		d. STREET ADDRESS (If outside, give location) 6401 THE PASSED	
Length of stay in 1b 14 YEARS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JOHANNA THERESA KORB			4. DATE OF DEATH Month Day Year JAN. 6, 1959		
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5. SEX FEMALE	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 NOV. 8, 1896	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME MAKER - HOUSING INDUSTRY	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) GERMANY	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME HEINRICH GERBER	13b. MOTHER'S MAIDEN NAME HULDA ZIMMERMAN	14. NAME OF HUSBAND OR WIFE CARL KORB
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT CARL KORB - KANSAS CITY, MISSOURI	Address 6401 THE PASSED
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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) malnutrition		INTERVAL BETWEEN ONSET AND DEATH 4 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) metastatic lesions of CA of Cervix		3 yrs.
	DUE TO (c) Cancer of Cervix		9 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (g) 1972		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
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21. I attended the deceased from May 1955 to 1-6-59 and last saw her alive on 1-5-59
Death occurred at 12:01A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Otto W. Theel (Degree or title) M.D.	22b. ADDRESS 4301 Main St. KCMo	22c. DATE SIGNED 1-6-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 7 1959	23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEM.	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS	ADDRESS 1351 BRUSH CREEK KANSAS CITY, MO	25. DATE RECD. BY LOCAL REG. 1-6-59	26. REGISTRAR'S SIGNATURE Beverly Marshall
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MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Otto W. Theel

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 *Raymond M. Hardy*

Licensed Embalmer No. *4913*

P. O. Address *Indep, MD*

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.