Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001664
STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 146 Primary Registration District No. 55-68 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Blue Township — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 17009 3rd Terr. — Length of stay in 1b 30 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Sugar Creek 7000 c — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 707 No. Sterling — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: JOHN Middle: Last: LUBEK
4. DATE OF DEATH Month Feb. Day 1 Year 1959
5. SEX Male c
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Sept. 27, 1896
9. AGE (In years last birthday) 62 — 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) Insulator
10b. KIND OF BUSINESS OR INDUSTRY Standard Oil Co.
11. BIRTHPLACE (City and state or country) Czecholovakia 6
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Lubek
13b. MOTHER'S MAIDEN NAME Mary Unknown
14. NAME OF HUSBAND OR WIFE Theresa Lubek
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 486-03-4046
17. INFORMANT Pauline Swihart, 17009 3rd Terr. No. Indep. Address

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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerotic heart disease — 3 1/2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 30 July 1955, to 1 Feb 59 and last saw him alive on 30 Jan 59
Death occurred at 11:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack M Davis MD (Degree or title)
22b. ADDRESS Raytown Mo
22c. DATE SIGNED 2 Feb 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-4-59
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR Geo. C. Carson & Sons, ADDRESS Indep., Mo.
25. DATE RECD. BY LOCAL REG. 2-4-59
26. REGISTRAR'S SIGNATURE [signature]

(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

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 C. Ray Louderback

Licensed Embalmer No. 5027

P. O. Address Indep., 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.