

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009610

STATE FILE NUMBER

DECEASED MAR 19 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1070

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. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION KRESTWOODS Med. Hosp	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Length of stay in lb 30 YEARS	
d. STREET ADDRESS 3821 Montgall		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ONA Middle ELIZABETH Last PUBANZ		4. DATE OF DEATH Month Day Year FEB. 23-1959	
5. SEX I FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCTOBER 27, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) NEAR FULTON, MISSOURI
13a. FATHER'S NAME ELMER F. KING		13b. MOTHER'S MAIDEN NAME AMANDA D. WILKERSON	14. NAME OF HUSBAND OR WIFE ERNIST PUBANZ
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 486-03-1689	17. INFORMANT JOHN L. KING Address TUSCUMBIA, MISSOURI
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 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Cor. Pulmonale DUE TO (c) Pulmonary Fibrosis 525+			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 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 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 1955 to 2-22-59 and last saw her alive on 2-22-59. Death occurred at 2:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. C. Spafford		22b. ADDRESS 6637 West 15th	22c. DATE SIGNED 2-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB. 26, 1959	23c. NAME OF CEMETERY OR CREMATOR MT. MORIAH CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS-KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 2-26-59	26. REGISTRAR'S SIGNATURE Neve Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Geo. C. Kealhofer



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 *Thomas W. Thomas*.....  
Licensed Embalmer No. 4889  
P. O. Address *T. C. No*.....

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.