

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013688

STATE FILE NUMBER

FILED MAY 8 1959 Registration District No. 150 Primary Registration District No. 4240 Registrar's No. 112

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) Blue Springs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway #40		Length of stay in lb 00	
3. NAME OF DECEASED (Type or print) First: John Middle: Last: Jabunkey		4. DATE OF DEATH Month: 4 Day: 25 Year: 59	
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. 18-1936
9. AGE (In years last birthday) 22	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (City and state or country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Carl L. Jabunkey	13b. MOTHER'S MAIDEN NAME Vera Jabunkey	14. NAME OF HUSBAND OR WIFE Shirley Jean Jabunkey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes	16. SOCIAL SECURITY NO. 486-36-9640	17. INFORMANT Shirley Jean Jabunkey	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured skull DUE TO (b) Injuries to ribs & ruptured liver DUE TO (c) Liver PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) Car struck utility pole		
20c. TIME OF INJURY 8:45 p.m. 4-25-59	7:00		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION Jackson	COUNTY MO
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugh W. Owens Coroner	(Degree or title) Coroner	22b. ADDRESS 1034 Realto Bldg	22c. DATE SIGNED 4-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4.30.1959	23c. NAME OF CEMETERY OR CREMATORY Mound Grove	23d. LOCATION (City, town, or county) (State) Independence Missouri
24. FUNERAL DIRECTOR Island R. Speaks Ind. Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-30-1959	26. REGISTRAR'S SIGNATURE N. B. Longford

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Roland B. Speake*

Licensed Embalmer No. *3604*

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.