

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025082

FILED VS AUG 10 1959 49

3542

STATE FILE NUMBER

Registration District No. Primary Registration District No. 1002 Registrar's No.

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, Mo		Length of stay in 1b 69 yrs		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 General Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1836 E 47th Terr			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Otto Middle H. Last Dobie SR.				4. DATE OF DEATH Month 7-19- Day 1959 Year			
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> 3 Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 11-29-89	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. SHEETMETAL			10b. KIND OF BUSINESS OR INDUSTRY AIRCRAFT		11. BIRTHPLACE (City and state or country) KANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME C. G. Dobie			13b. MOTHER'S MAIDEN NAME U. Carrie Manning		14. NAME OF HUSBAND OR WIFE GRACE DOBIE		
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. 500-03-6131		17. INFORMANT OTTO H. DOBIE JR. 2022 E 47th			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Tail of the pancreas with Metastasis							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 1b.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 7-8-59 to 7-19-59 and last saw him alive on 7-19-59 Death occurred at 11:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Abraham Gelpert (Degree or title)			22b. ADDRESS 2400 Cherry			22c. DATE SIGNED 7-20-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July-22 1959	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		23d. LOCATION (City, town, or county) (State) KANSAS CITY Missouri			
24. FUNERAL DIRECTOR FLORAL Hills Memorial Chapels			ADDRESS K.C. Mo.	25. DATE RECD. BY LOCAL REG. 7-21-59	26. REGISTRAR'S SIGNATURE Neve Minshall		

DOCUMENT

BY AFFIDAVIT OF **Abraham Gelpert** M.D. MEDICAL CERTIFICATION

SEP 29 1988

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~of~~ by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Forrest D. Goldsno

Licensed Embalmer No. 4714

P. O. Address K. C. M

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.