URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-036114

STATE FILE NUMBER

FILED VS OCT 16 1959

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 4786

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 3 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2051 E. Gregory
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Rose Middle E. Last Clabbey

4. DATE OF DEATH: Month October Day 5 Year 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Sept 17, 1866

9. AGE (last birthday): 93

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Troy, New York

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Michael Clabbey

13b. MOTHER'S MAIDEN NAME: Mary Mullen

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: none

17. INFORMANT: John O'Connor Address: 2051 E. Gregory

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	FRACTURED LEFT HIP	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Osteoporosis	Yrs
DUE TO (c)	Arterio-sclerosis	Yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): senile arterio sclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 1956, to 10-5-59 and last saw her/him alive on 10-4-59
Death occurred at 1:50 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. Marcus Heller M.D.

22b. ADDRESS: 409 E. 63rd

22c. DATE SIGNED: 10-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Oct 6-59

23c. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery

23d. LOCATION (City, town, or county) (State): Emporia, Kansas

24. FUNERAL DIRECTOR: Muehlebach ADDRESS: 6100 Troost

25. DATE RECD. BY LOCAL REG.: 10-5-59

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF B. Marcus Heller

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. E. Nichols

Signature of Student Embalmer

Licensed Embalmer No. 4997

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.