

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 19 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6282-59-046736 STATE FILE NUMBER

| | | | | | | |
|---|--|---|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Length of stay in b. <u>Life</u> | c. CITY OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kansas City Tb. Hosp.</u> | | | Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>2827 Peery</u> | | |
| 3. NAME OF DECEASED (Type or print) First <u>Martin</u> Middle <u>James</u> Last <u>Dobel</u> | | | 4. DATE OF DEATH Month <u>Dec.</u> Day <u>29</u> Year <u>1959</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3-7-1885</u> | 9. AGE (last birthday) <u>74</u> | IF UNDER 1 YEAR Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Dressed Beef</u> | 11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Wuke Dobel</u> | | 13b. MOTHER'S MAIDEN NAME <u>Salem Caskey</u> | | 14. NAME OF HUSBAND OR WIFE <u>Theresa M.</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>497-40-1550</u> | | 17. INFORMANT <u>K.C. Tb. Hosp. K.C. Mo.</u> Address _____ | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Tuberculosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | 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) | | | | 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 18.) | | |
| 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 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 <u>12-27-59</u> to <u>12-29-59</u> and last saw ^{her} _{him} alive on <u>12-29-59</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22. SIGNATURE (In free or title) <u>Edward P. Altman M.D.</u> | | | 22b. ADDRESS <u>K.C. TB Hospital - K.C., Mo.</u> | | 22c. DATE SIGNED <u>12-29-59</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>1-2-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Melody-McGilley-Eylar</u> ADDRESS <u>1800 Linwood</u> | | | 25. DATE RECD. BY LOCAL REG. <u>12-31-59</u> | | 26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u> | |

DOCUMENT

BY AFFIDAVIT OF Edward P. Altman M.D. MEDICAL CERTIFICATION

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 Melvin Bartman

Licensed Embalmer No. 4907

P. O. Address KC 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.