

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029906

STATE FILE NUMBER

FILED VS AUG 18 1960

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 145

INDEXED

1. PLACE OF DEATH a. COUNTY Cass			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 TOWNSHIP Mt Pleasant Township		Length of stay in 1b 2 Days	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 328th USAF Hospital INSTITUTION Richards-Gebaur AFB, Mo			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9502 Harrison Street		
3. NAME OF DECEASED (Type or print) First John Middle _____ Last Dubach			4. DATE OF DEATH Month August Day 8 Year 1960			
5. SEX Male	6. COLOR OR RACE Cau	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 14Feb1887	9. AGE (last birthday) 73 IF UNDER 1 YEAR IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) US Army		10b. KIND OF BUSINESS OR INDUSTRY US Army - Retired	11. BIRTHPLACE (City and state or country) Bern, Switzerland		12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME Alfred Dubach (Deceased)		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Edith A Dubach		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 512-16-3185A	17. INFORMANT Edith A Dubach		Address 9502 Harrison Kansas City, 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) Acute Circulatory Failure Multiple old myocardial infarction with recent extension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerotic heart disease					INTERVAL BETWEEN ONSET AND DEATH Few Min Unknown Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Thrombosis with infarction, cerebral					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 checked="" type="checkbox"/> NO <input 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 6 August 1960 to 8 August 1960 and last saw ^{DEK} him alive on 8 August 1960 Death occurred at 12:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.						
SIGNATURE (Typed or title) VINCENT J. FIOCCO, JR., Capt., USAF, MC			22b. ADDRESS 328th USAF Hospital Richards-Gebaur AFB, Mo.		22c. DATE SIGNED 9 Aug 60	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
Removed Aug-11-1960	Aug-11-1960	National Cemetery Ft. Leavenworth, Kansas		Richards-Gebaur AFB, Mo.		
24. FUNERAL DIRECTOR Lakin Funeral Home Lead, Mo		ADDRESS	25. DATE RECD. BY LOCAL REG. Aug 10-1960	26. REGISTRAR'S SIGNATURE Ms. Ray Seiber		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 18 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Not Embalmed Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harry Robinson

Licensed Embalmer No. 2576

P. O. Address Leavenworth

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.