

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=60-030641**

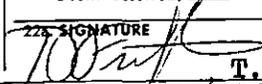
FILED VS AUG 23 1960

149 Primary Registration District No. 1002

Registrar's No. 4060

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>46 YEARS</b>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>V.A. Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1810 E. Armour Blvd.</b>	
3. NAME OF DECEASED (Type or print) <b>Daniel T. Lebo</b>			4. DATE OF DEATH Month <b>8th</b> Day <b>4th</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-10-73</b>	9. AGE (last birthday) <b>86 yrs</b>	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) <b>Railroad Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railway Express Agency</b>		11. BIRTHPLACE (City and state or country) <b>Fisherville, Pa.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>WILLIAM LEBO</b>			
13b. MOTHER'S MAIDEN NAME <b>UNKNOWN TOBIAS</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. MATTIE S. LEBO</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 4-19-99 to 4-18-02</b>		16. SOCIAL SECURITY NO. <b>714 07 1172</b>		17. PLACE OF DEATH <b>George Raddant, Friend, K.C., Mo</b> <b>V.A. Hospital Records, Kansas City, Mo</b>	
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) <b>Rupture of left ventricle with cardiac tamponade</b>					
DUE TO (b) <b>Infarction of anterior wall of left ventricle</b>					
DUE TO (c) <b>Severe coronary artery atherosclerosis</b>					
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 Month, Day, Year a.m. p.m.					
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. Attended the deceased from <b>August 1, 1960</b> to <b>August 4, 1960</b> Death occurred at <b>6:30 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE  <b>T. J. FRITZLEN</b>		(Degree or title) <b>MD V. A. Hospital, Kansas City, Mo</b>		22b. ADDRESS	
22c. DATE SIGNED <b>8-8-60</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>AUGUST 8, 1960</b>	23c. NAME OF CEMETERY <b>MEMORIAL PARK CEMETERY</b>		23d. LOCATION (City, town, or county) <b>KANSAS CITY MISSOURI</b>	
24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS</b>		ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>8-8-60</b>	26. REGISTRAR'S SIGNATURE <b>H. L. Dwyer</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond M. Har

Licensed Embalmer No. 491

P. O. Address Indep.

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