RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

LLD VS AUG 29 1960

-60-030650

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4151

IDED

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 1 Week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Lafayette
c. CITY OR TOWN Lexington — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1607 South — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First J. Middle K. Last Lobb

4. DATE OF DEATH Month 8 Day 11 Year 1960

5. SEX male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11/5 1883
9. AGE (last birthday) 76 — 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) Physician & Optometrist
10b. KIND OF BUSINESS OR INDUSTRY Osteopathy
11. BIRTHPLACE (City and state or country) Grain Valley, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Manson Lobb
13b. MOTHER'S MAIDEN NAME Emma McKay
14. NAME OF HUSBAND OR WIFE Kathrine Grace Rhodes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. J. K. Lobb — Address Lexington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease with
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) acute myocardial infarction
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 30 min

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Carcinoma of prostate

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 7/2/56, to 8/11/60 and last saw her/him alive on 8/11/60
Death occurred at 5:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. G. Kettner (Degree or title) M.D.
22b. ADDRESS Kansas City, Mo.
22c. DATE SIGNED 8/12/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/14 60
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.
23d. LOCATION (City, town, or county) (State) Lexington, Mo.

24. FUNERAL DIRECTOR Vaughn-Walker — ADDRESS Lexington, Mo.
25. DATE RECD. BY LOCAL REG. 8-12-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF E. G. Kettner

Letter or Dr. A. C. Davis
Professional Bldg.
Br-1-2892

SEP 20 1960

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 Harold L. Walk

Licensed Embalmer No. 458

P. O. Address Lexingto

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.