

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-008859

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1295

STATE FILE NUMBER

**FILED MAR 20 1961**

|  |  |   |  |   |  |  |   |
|--|--|---|--|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> COUNTY <b>JACKSON</b> |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>  |  | Length of stay in 1b<br><b>50 yrs.</b>  |  | c. CITY OR TOWN <b>KANSAS CITY</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>8312 HIGHLAND AVENUE</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><b>8312 HIGHLAND AVE.</b>  |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>ARTHUR LORRAINE HUBER</b>   |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>MARCH 11 1961</b>  |  |  |   |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>2/19/92</b>  | 9. AGE (last birthday)<br><b>69</b>                                  | IF UNDER 1 YEAR<br>Months Days   | IF UNDER 24 HR<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>PRINTER</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>LABUE PRINTING COMPANY</b>                   |   | 11. BIRTHPLACE (City and state or country)<br><b>INDIANA U. S. A</b> |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A</b>   |
| 13a. FATHER'S NAME<br><b>WALTER HUBER</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>AURA ARTHUR</b>                                      |   | 14. NAME OF HUSBAND OR WIFE<br><b>MRS. PEARL HUBER</b>               |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |  |   | 16. SOCIAL SECURITY NO.<br>-----   | 17. INFORMANT<br>Address<br><b>MRS. PEARL HUBER 8312 HIGHLAND KANSAS CITY, MO.</b>  |  |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Generalized metastatic Carcinoma</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Primary CA of Bladder.</b><br>DUE TO (c) <b>J</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 year?</b>                                    |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input 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<br>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 <b>January 1961</b> to <b>Mar. 10, 1961</b> and last saw her/him alive on <b>Mar 10 1961</b><br>Death occurred at <b>1:10 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |   |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>Chas. G. Johnson M.D.</b>   |  |   |  | 22b. ADDRESS <b>604 Huron Road</b><br><b>Huron Kansas.</b>  |  |  | 22c. DATE SIGNED<br><b>3-11-61</b>  |
| 23a. BURIAL, CREMATION OR OTHER DISPOSAL (Specify)<br><b>BURIAL</b>  |  | 23b. DATE<br><b>MAR. 13, 1961</b>   | 23c. NAME OF CEMETERY OR CREMATORIA<br><b>FLORAL HILLS CEMETERY</b>                  |   | 23d. LOCATION (City, town, or county)<br><b>KANSAS CITY MISSOURI</b> |  | (State)   |
| 24. FUNERAL DIRECTOR<br><b>D.W. NEWCOMER'S SONS</b>  |  | ADDRESS<br><b>1331 BRUSH CREEK</b>  | 25. DATE RECD. BY LOCAL REG.<br><b>3-13-61</b>                                       | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>   |  |  |   |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 SHOULD READ  
 BY AFFIDAVIT OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 G. Johnson

**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 Louis J. [Signature]

Licensed Embalmer No. 7096

P. O. Address K. G. Me

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.