

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029440

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3836 STATE FILE NUMBER

AMENDED

DATE AMENDED
8-21-61
INSTEAD OF
anatomical 8-2-61
BY AFFIDAVIT OF FUNERAL HOME
DOCUMENT
MEDICAL CERTIFICATION
ITEM NO. SHOULD READ
23a, b removal 8-22-61
23c, d Mt. Calvary Kansas City, Mo. Univ of K. C. Dentistry, K. C. Mo. 8-21-61

FILED AUG 25 1961

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) <u>Kansas City</u>		Length of stay in lb <u>"UNKNOWN"</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) <u>General Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>705 Penn</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Stanley Frank Lubaschski</u>			4. DATE OF DEATH Month Day Year <u>7-30-61</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 type="checkbox"/> Divorced <input type="checkbox"/> <u>"UNKNOWN"</u>	8. DATE OF BIRTH <u>11-16-84</u>
9. AGE (last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>"UNKNOWN"</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>"UNKNOWN"</u>	11. BIRTHPLACE (City and state or country) <u>?, Germany</u>
12. CITIZEN OF WHAT COUNTRY <u>"UNKNOWN"</u>		13a. FATHER'S NAME <u>Valentine Lubaschski</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma "UNKNOWN"</u>		14. NAME OF HUSBAND OR WIFE <u>"UNKNOWN"</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>"UNKNOWN"</u>		16. SOCIAL SECURITY NO. <u>"UNKNOWN"</u>	
17. INFORMANT <u>RECORDS: K.C., Mo. - GENERAL HOSPITAL</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>Malignant Melanoma with wide spread metastasis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
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>7-11-61</u> to <u>7-30-61</u> and last saw him alive on <u>7-30-61</u> Death occurred at <u>1:10 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>2400 Cherry</u>	22c. DATE SIGNED <u>7-31-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Anatomical</u>	23b. DATE <u>8-2-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UNIVERSITY OF KANSAS CITY - SCHOOL OF DENTISTRY</u>	23d. LOCATION (city, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>
24. FLUNERAL DIRECTOR <u>Address: 2332 Monitor Place, 2nd Fl., Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-2-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

(Licensed Embalmer's Statement on Reverse Side)

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,

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Jack O. Moore

Licensed Embalmer No. _____

4229

P. O. Address _____

Kansas City

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.