ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-036745

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4958

AMENDED

FILED OCT 19 1961

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in Ib 35 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4622 EAST 43RD STREET — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 4622 EAST 43RD ST. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First CHARLES Middle A Last ABLER
4. DATE OF DEATH Month OCTOBER Day 5 Year 1961
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6/21/81
9. AGE (last birthday) 80
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) Retired Custodian
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Charles ABLER
13b. MOTHER'S MAIDEN NAME Mary Geisler
14. NAME OF HUSBAND OR WIFE MRS. SOPHIE B. ABLER
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. SOPHIE B. ABLER Address 4622 EAST 43RD -KANSAS CITY, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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. ☐ 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 ____ to ____ and last saw her/him alive on ____
Death occurred at 4:05 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh H. Owens (Degree or title) Coroner
22b. ADDRESS 152 Union Station
22c. DATE SIGNED 10-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 7, 1961
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City Missouri

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CR. KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 10-6-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Hugh H. Owens

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

DOCUMENT

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_____ Signed Verne Lawler

Signature of Student Embalmer

Licensed Embalmer No. 4915

P. O. Address KC Mo

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.