MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-037023
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5103

FILED OCT 27 1961

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

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: 36 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph Hospital
Inside Limits: Yes ☒ 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 ☒ No ☐
d. STREET ADDRESS (If outside, give location): 803 Gladstone
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Paul Middle: Francis Last: Kouba
4. DATE OF DEATH: Month: October Day: 13, Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 24, 1907
9. AGE (last birthday): 54
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): automobile radiator repairs
10b. KIND OF BUSINESS OR INDUSTRY: Libby's
11. BIRTHPLACE (City and state or country): Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Thomas J. Kouba
13b. MOTHER'S MAIDEN NAME: Mabel Agnes Hansen
14. NAME OF HUSBAND OR WIFE: none
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: Teresa J. Kouba Address: 803 Gladstone

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): BRONCHIAL PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): A
DUE TO (c): AMYOTROPHIC LATERAL SCLEROSIS — 19 Months
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

MEDICAL CERTIFICATION

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 March 1960 to 10-13-61 and last saw her/him alive on 10-12-61
Death occurred at 4:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Leo F. Cooper (Degree or title) M.D.
22b. ADDRESS: 1220 E. 31st K.C. Mo
22c. DATE SIGNED: 10-13-61

Leo F. Cooper

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 10-16-61
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar ADDRESS: Woodland
25. DATE RECD. BY LOCAL REG.: 10-13-61
26. REGISTRAR'S SIGNATURE: Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. Leo Cooper
1220 E 31st
Tue 1-695
Fri: 12:30 to 5:30

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 Hal Thornburgh

Licensed Embalmer No. 3A08

P. O. Address Indep., K

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.