S. No. 300
v. 10.48

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37270

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4520

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas
b. COUNTY Anderson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Westphalia
d. STREET ADDRESS (If rural, give location)

8150

3. NAME OF DECEASED (Type or Print)
a. (First) JAKE
b. (Middle) O.
c. (Last) STUDEBAKER

4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1950

5. SEX male O
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /
8. DATE OF BIRTH April —
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) — 9
12. CITIZEN OF WHAT COUNTRY? —

13a. FATHER'S NAME Isaac Studebaker
13b. MOTHER'S MAIDEN NAME Josephine —
14. NAME OF HUSBAND OR WIFE Susan Studebaker

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. NONE
17. INFORMANT'S SIGNATURE OR NAME Mr. C.W. Studebaker — ADDRESS Westphalia, Kansas

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 1 Week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of Prostate — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 177

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-18, 1950 *to* 10-24, 1950, *that I last saw the deceased alive on* 10-24, 1950 *and that death occurred at* 8 50 *m., from the causes and on the date stated above.*

23a. SIGNATURE John G. Henery (Degree or title) John G. Henery DO
23b. ADDRESS 300 Bryant Bldg
23c. DATE SIGNED 10-26-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10/24/50
24c. NAME OF CEMETERY OR CREMATORY —
24d. LOCATION (City, town, or county) (State) Burlington, Kansas

DATE REC'D BY LOCAL REG. 10-26-50
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE, Kansas City, Missouri — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

Dr. John B. Henery
Bryant Bldg.
Ha. 0688-W6 7777
Joe

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 _____

_____

working under my personal supervision.

Student Embalmer No. _____

Signed S J Allen

Signed _____
Student Embalmer

Licensed Embalmer No. 1415

P. O. Address K C 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 this body is not embalmed, fact should be so stated above.