

FILED MAY 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16489

State File No.

BIRTH NO. _____ REG. DIST. NO. 189 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2046

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | |
| c. LENGTH OF STAY (in this place) <u>42 years</u> | | d. STREET ADDRESS (If rural, give location) <u>2927 Cherry</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2927 Cherry</u> | | | |

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|---|----------------------------------|--|---------------------------------------|--|-----------------------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>JOSEPH</u> | b. (Middle) <u>F</u> | c. (Last) <u>GUBERA</u> | (Month) <u>Apr</u> | (Day) <u>30</u> | (Year) <u>1952</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct 8 1893</u> | 9. AGE (In years last birthday) <u>58</u> | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired (4 years)</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Heine Soda Fountain Supply)</u> | | 11. BIRTHPLACE (State or foreign country) <u>Solka, Austria</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>-</u> | | | | | |

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|--|--|---|
| 13a. FATHER'S NAME <u>CARL GUBERA</u> | 13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BINNER</u> | 14. NAME OF HUSBAND OR WIFE <u>Anna Gubera</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>?</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Anna Gubera</u> |
| | | ADDRESS <u>2927 Cherry</u> |

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|---|--|-------------|--|
| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>about 6 hrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>chronic nephritis</u> | | <u>4 or 5 yrs</u> <u>4 or 5 years</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>592X</u> | |

| | | |
|--|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 1946, 19 , to April 30, 1952, that I last saw the deceased alive on Apr. 30, 1952, and that death occurred at 3:15 P. m., from the causes and on the date stated above.

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|---|---|--|
| 23a. SIGNATURE <u>James W. Graham</u> (Degree or title) <u>James W. Graham</u> | 23b. ADDRESS <u>M. D. O. 518 Argyle Bldg. K C Mo</u> | 23c. DATE SIGNED <u>5/2/52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 3 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u> |
| | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |

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|---|---|---|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>5-5-52</u> | REGISTRAR'S SIGNATURE <u>Sheralding Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Duwick & Robin</u> | ADDRESS <u>20 W Linwood</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Forrest D. Collinsnow*

Signed.....
Student Embalmer

Licensed Embalmer No. *4714*

P. O. Address *K. O. 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.