

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20635

State File No.

RAED JUL 5 1952

2926

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) VI years		d. STREET ADDRESS (If rural, give location) 5331 Highland	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor			

3. NAME OF DECEASED (Type or Print) ANDREW	a. (First)	b. (Middle)	c. (Last) RABUSE	4. DATE OF DEATH June 24 1952	(Month) (Day) (Year)
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug 18 1864	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Austria	12. CITIZEN OF WHAT COUNTRY? -
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13a. FATHER'S NAME JOHN RABUSE	13b. MOTHER'S MAIDEN NAME MARY HEPS	14. NAME OF HUSBAND OR WIFE Bertha RABUSE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Storz	ADDRESS 3421 Summit
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncha Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3/19/1951, to 6/24 1952, that I last saw the deceased alive on 6/23 1952, and that death occurred at 9:00P m., from the causes and on the date stated above.

23a. SIGNATURE Joseph A Fogarty	23b. ADDRESS 402 Northman Dr	23c. DATE SIGNED 6/26/52
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24a. BURIAL OR CREMATION (Specify) Burial	24b. DATE June 27 1952	24c. NAME OF CEMETERY OR CREMATORY St. John Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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DATE RECD BY LOCAL REG. 6-27-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Duick Robin Co	ADDRESS 20 West Linwood
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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. Coldenow

Signed.....
Student Embalmer

Licensed Embalmer No. *4714*

P. O. Address

K. P. 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.