

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44460

State File No. 5776

FILED FEB 7 1953  
BIRTH NO. 106890

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002

Registrar's No. 5776

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (In this place) <b>27 Days</b>		d. STREET ADDRESS (If rural, give location) <b>1802 Faraon</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Karen</b> b. (Middle) c. (Last) <b>Bubke</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 31 52</b>
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Oct. 26, 1952</b>
9. AGE (In years last birthday) <b>2</b>		10. OF UNDER 1 YEAR Months <b>5</b> Days 11. OF UNDER 1 HR. Hours <b>1</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Mo.</b>		12. COUNTRY OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Elmer Bubke</b>		13b. MOTHER'S MAIDEN NAME <b>None</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>St. Joseph Hospital</b>		ADDRESS <b>KCMO.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Communicated Skull fracture with cerebral laceration 24 days</b>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH <b>24 days</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>As above</b>		19b. MAJOR FINDINGS OF OPERATION <b>131</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Joseph, Buchanan, Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12-7-52</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Vehicle Accident - 2 cars</b>			
22. I hereby certify that I attended the deceased from <b>30 Dec</b> , 19 <b>52</b> , to <b>31 Dec</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>31 Dec</b> , 19 <b>52</b> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>F. A. Carmichael, Jr. M.D. MD</b>		23b. ADDRESS <b>411 Nichols Rd.</b>	
23c. DATE SIGNED <b>1-1-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-1-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>None</b>		24d. LOCATION (City, town, or county) (State) <b>IDA GROVE, IOWA</b>	
DATE REC'D BY LOCAL REG. <b>12-31-52</b>		REGISTRAR'S SIGNATURE <b>Beraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eylar</b>		ADDRESS <b>KCMO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Reed  
St. James*

*10. 2. 05*

*Grand Avenue 2-1*

*Wm. 12. 1905  
Room 2913 Remick St.  
Chas. 424 Selby St.*

**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 .....  
Student Embalmer

Signed *Glen E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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.