

FILED JUN 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18886

State File No. _____

2400

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 OR TOWN Kansas City			c. LENGTH OF STAY (in this place) 36 Yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 409 West 59th Street				STREET ADDRESS (If rural, give location) 409 West 59th Street				284 3/8	
3. NAME OF DECEASED (Type or Print)		a. (First) IDA		b. (Middle) GEHR		c. (Last) DURBORAW		4. DATE OF DEATH (Month) (Day) (Year) May 27, 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 15, 1886		9. AGE (In years last birthday) 67 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) At Home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Gettysburg, Pennsylvania			12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Jacob Sheads			13b. MOTHER'S MAIDEN NAME Agnes F. Gehr			14. NAME OF HUSBAND OR WIFE Charles T. Durboraw			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Ida E. Durboraw Kansas City, Mo.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Left Hip ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart - Senile Myocardial Disease DUE TO (c) Arterio Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Respiratory Disease - Terminal						INTERVAL BETWEEN ONSET AND DEATH 29 Days Chronic Chronic 1 day	
19a. DATE OF OPERATION 7-10-54		19b. MAJOR FINDINGS OF OPERATION Hip Joint - Fractured.						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo.		21d. TIME OF INJURY 4-28-54 m.			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell out of bed.							
22. I hereby certify that I attended the deceased from 6-29, 1954 , to 5-27, 1954 , that I last saw the deceased alive on 6-29, 1954 , and that death occurred at 1:20 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE W. A. Myers (Degree or title) 0				23b. ADDRESS 1115 Grand Ave, Kansas City, Mo.			23c. DATE SIGNED 7-1-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-29-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Vernon		24d. LOCATION (City, town, or county) (State) Atchison, Kansas			
DATE REC'D BY LOCAL REG. 5-28-54		REGISTRAR'S SIGNATURE Steldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary Kansas City, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. W. A. Myers
S. Lambert Bldg.
815
1115 Grand Ave.
11:30 A.M.

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 Walter H. Erwin

Licensed Embalmer No. 435

P. O. Address Kansas City

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.