

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30474**  
**4358**

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

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>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>32 Years</b>	c. CITY OR TOWN <b>KANSAS CITY</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		STREET ADDRESS (If rural, give location) <b>816 East Armour</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>EDWARD</b> c. (Last) <b>AUBREY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>September 11, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 9, 1889</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Medical Doctor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Medicine</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Stithton, Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>Benjamin Aubrey</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Fisher</b>		14. NAME OF HUSBAND OR WIFE <b>Kathleen AUBREY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>		16. SOCIAL SECURITY NO. <b>53-30-336</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital Official Records</b> ADDRESS _____	

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) <b>Myocardial hypertrophy in hypertensive pattern with fibrosis.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary arteriosclerosis, moderate</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriolar nephrosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 years</b> <b>6 years</b> <b>4201</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) <b>VA</b>		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 **Sept. 9, 1954**, to **Sept. 11, 1954**; and that death occurred at **9:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dorthea Weybright, M.D.</b>		23b. ADDRESS <b>VA Hospital, Kansas City, Missouri</b>		23c. DATE SIGNED <b>9-11-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Sept. 14, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. ...</b> ADDRESS <b>1331 ...</b>			
DATE REC'D BY LOCAL REG. <b>9-13-54</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>		ADDRESS <b>...</b>	

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed John B. Lewis  
Licensed Embalmer No. 487

P. O. Address KCMO

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.