

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **16223**  
**2098**

FILED MAY 31 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1601 Registrar's No. \_\_\_\_\_

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) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>45 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>148</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL</u>			
e. STREET ADDRESS (If rural, give location) <u>1024 LOCUST STREET</u>			

3. NAME OF DECEASED a. (First) <u>DAVID</u> b. (Middle) <u>ALBERTS</u> c. (Last) <u>ABER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-12-56</u>		
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, <u>NEVER MARRIED</u> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>SEPT. 2, 1878</u>		9. AGE (In years last birthday) <u>77</u> Months _____ Days _____ If UNDER 1 YEAR Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>SELF EMPLOYED</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS, MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
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13a. FATHER'S NAME <u>David Aber</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZA SHARP</u>			14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>494-14-2770</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ma. SAM W. ABER</u> ADDRESS <u>3939 Michigan</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Fractured Ribs</u>		DUE TO (b) <u>Hemo Pneumothorax</u>		<u>9.8124</u>	
		ANTECEDENT CAUSES		DUE TO (c) <u>Fractured Pelvis</u>			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Compound Fracture Left Tibia</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT (Specify) <u>Accident</u> SUICIDE _____ HOMICIDE _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Kans. City</u> (COUNTY) <u>Jackson</u> (STATE) <u>MO.</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>5-12-56</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Pedestrian Struck By Car</u>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

22a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>3</u>		22b. ADDRESS <u>1034 Platte Bldg</u>		22c. DATE SIGNED <u>5-14-56</u>	
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24a. BURIAL CREMATION (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 15 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET HILL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>WARRENSBURG MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>5-15-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minchell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. Newcomer's Sons</u> ADDRESS <u>1331 Brush Creek</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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed John B Lewis  
Licensed Embalmer No. 485  
P. O. Address KCWA

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.