

Health,
Welfare
Public
Service

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-0057996
STATE FILE NUMBER
514

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>416 West 11th St.</i>		d. STREET ADDRESS (If outside give location) <i>416 West 11th St.</i>	
Length of stay in lb <i>42 yrs.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Ben</i> Middle <i>William</i> Last <i>Recob</i>			4. DATE OF DEATH Month <i>Jan</i> Day <i>30</i> Year <i>1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>Oct-12-1915</i>	9. AGE (In years last birthday) <i>42</i>	IF UNDER 1 YEAR Months <i>-</i> Days <i>-</i>
10a. USUAL OCCUPATION (Give kind of work done during last of work (If given if retired)) <i>Electrical Estimator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Western Auto</i>	11. BIRTHPLACE (City and state or country) <i>Kansas City, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Benjamin F. Recob</i>		13b. MOTHER'S MAIDEN NAME <i>Charlotte L. Kaulbach</i>		14. NAME OF HUSBAND OR WIFE <i>Kathryn Recob</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>478-05-7260</i>		17. INFORMANT <i>Harry Recob</i> Address <i>3428 Saenger K.C. Mo.</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4201</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) <i>Cerebral Palsy</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <i>Cerebral Palsy</i>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <i>Hugh H. Owens Coroner</i>		22b. ADDRESS <i>1034 Pealto Blvd</i>		22c. DATE SIGNED <i>1-31-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Feb-1-1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Mt. St. Mary's Cem.</i>	
23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>		24. FUNERAL DIRECTOR <i>C. H. Blackman & Son Inc. K.C. Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>1-31-58</i>	
26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.
Hugh H. Owens



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 *Bert B. Bennett*

Licensed Embalmer No. *4656*
P. O. Address *H. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.