Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-014404
STATE FILE NUMBER

FILED MAY 9 1958

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 1997

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City, Missouri — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Menorah Medical Center — Length of stay in 1b 66 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3821 Montgall — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Ernest Middle August Last Pubanz

4. DATE OF DEATH Month April Day 14 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 9-23-91
9. AGE (In years last birthday) 66 yrs. — 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) BOOKKEEPER
10b. KIND OF BUSINESS OR INDUSTRY A.L.A. ELECTRIC MACHINERY
11. BIRTHPLACE (City and state or country) KANSAS CITY MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME AUGUST E. PUBANZ
13b. MOTHER'S MAIDEN NAME SOPHIA SMITH
14. NAME OF HUSBAND OR WIFE MRS. ONA E. PUBANZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR I
16. SOCIAL SECURITY NO. 486-03-1689
17. INFORMANT MRS. ONA E. PUBANZ Address 3821 MONTGALL AVENUE KANSA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BRONCHOGENIC CARCINOMA WITH — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) VERTEBRAL (D9, 10) and hepatic metastases - — history of
DUE TO (c) 11021 — 1 month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 3-27-58, to 4-14-58 and last saw him alive on 4-14-58
Death occurred at 11:35 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. J. Twin, M.D. (Degree or title)
22b. ADDRESS 901 E. 62nd, K.C. Mo.
22c. DATE SIGNED 4/16/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE APR-18-1958
23c. NAME OF CEMETERY OR CREMATORY N/7. MORIAH CEMETERY
23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS
ADDRESS 1331-BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 4-18-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

E. J. Twin

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 Harold E. Echterna

Licensed Embalmer No. 3035

P. O. Address Kas. Co. 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.