SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-013817
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1685

FILED APR 26 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 6 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp. — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 1420 Main (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Edward Middle — Last LaBAGH ~~LABAGH~~
4. DATE OF DEATH Month 3 Day 30 Year 61
5. SEX Male
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-2-83
9. AGE (last birthday) 78
IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Misc. Jobs
11. BIRTHPLACE (City and state or country) Saint Louis Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Abe Labagh
13b. MOTHER'S MAIDEN NAME "unknown"
14. NAME OF HUSBAND OR WIFE Pearl Labagh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Records: Jackson County Welfare, K.C. Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 2/24/61, to 3/30/61 and last saw him alive on 3-30-61
Death occurred at 9:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Ellis (Degree or Title)
22b. ADDRESS 2400 Cherry City
22c. DATE SIGNED 4/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE 4-4-61
23c. NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
24. FUNERAL DIRECTOR Heilert Funeral Homes (S) K.C., Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 4-5-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

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_____ Signed B. E. Wulist

Signature of Student Embalmer

Licensed Embalmer No. 4075

P. O. Address K.C.8. M

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.