

FILED JAN 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 562

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Harrisonville</u>	c. LENGTH OF STAY (in this place) <u>28 yr.</u>	c. CITY OR TOWN <u>Harrisonville</u>	d. STREET ADDRESS (If rural, give location) <u>503 So. Independence Ave</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>503 So. Independence Ave</u>		d. STREET ADDRESS (If rural, give location) <u>503 So. Independence Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHLOIE</u> b. (Middle) <u>LEE</u> c. (Last) <u>STAIR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 26 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 16 - 1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (in years last birthday) <u>73</u>
11. BIRTHPLACE (State or foreign country) <u>Coffeyville, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Swensen</u>		13b. MOTHER'S MAIDEN NAME <u>Loretta Lamore</u>	14. NAME OF HUSBAND OR WIFE <u>D.H. Stair</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>✓</u>	18. INFORMANT'S SIGNATURE OR NAME <u>Gladys Stafford</u> ADDRESS <u>Cedar Rapids</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>231</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) (m.) _____		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 <u>Jan. 21</u> , 1949, to <u>Jan. 26</u> , 1949, that I last saw the deceased alive on <u>Jan. 21</u> , 1949, and that death occurred at <u>3:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. S. Triplett M.D.</u>		23b. ADDRESS <u>Harrisonville Mo.</u>	23c. DATE SIGNED <u>Jan. 27, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 28 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Orent Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan. 27 - 1949</u>		REGISTRAR'S SIGNATURE <u>Rama J. Jones</u>	51
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Annunzio Harris</u> ADDRESS <u>Harrisonville, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed \_\_\_\_\_

*Ernest Runnenburger*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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 this body is not embalmed, fact should be so stated above.