

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1426**
289

FILED FEB 14 1949

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 16 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5501 E 10				d. STREET ADDRESS (If rural, give location) 5501 E 10th			
3. NAME OF DECEASED (Type or Print) a. (First) PETE			b. (Middle)		c. (Last) STANLEY		4. DATE OF DEATH (Month) (Day) (Year) 1/16/49
5. SEX Male	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 7/7/1869	9. AGE (In years last birthday) 82 1/2	IF UNDER 1 YEAR Months 6 Days 9	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Orrick, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Stanley			13b. MOTHER'S MAIDEN NAME Pricilla Gordon		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Munkers 5501- E 10th St.,			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arterio Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 450.0					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION History of Infections					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 3			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh H. Owens (Degree or title)				23b. ADDRESS 1034 Ratto Blvd		23c. DATE SIGNED 1-16-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/22/49	24c. NAME OF CEMETERY OR CREMATORY Woodlawn cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Kans.		
DATE REC'D BY LOCAL REG. 1-20-49		REGISTRAR'S SIGNATURE Steraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Sheil Kansas City, Mo			

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
Student Embalmer

Signed Ray E. Snow

Licensed Embalmer No. 2560

P. O. Address K C 7th

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.