

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19508
2548

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>8-yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5717 Myrtle</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside/corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>5717 Myrtle</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stella</u> b. (Middle) <u>Mae</u> c. (Last) <u>Dibble</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 13-1949</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-12-1903</u>			
9. AGE (in years last birthday) <u>45</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cosmetics</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Puyers-Co</u>		11. BIRTHPLACE (State or foreign country) <u>Kappa Illinois</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert Farrell</u>		13b. MOTHER'S MAIDEN NAME <u>Mellie Meyers</u>		14. NAME OF HUSBAND OR WIFE <u>Geo. Dibble</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If res. five war or dates of service) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Geo Dibble</u>		ADDRESS <u>Kansas City, Mo.</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>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Card. Aris</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>171X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____		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>11-12, 1948</u> , to <u>6-13, 1949</u> , that I last saw the deceased alive on <u>6-10, 1949</u> , and that death occurred at <u>6 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. A. Stagg</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>822 Argyle</u>		23c. DATE SIGNED <u>6-13-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 13-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Rich Hill Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6-13-49</u> REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. C. L. Foster</u> ADDRESS <u>918 Brooklyn K.C. Mo.</u>					

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

Angela Bessy - Na 5484
No. 909-E-43 -
We 4980.
130 pm mon.

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.....

.....
working under my personal supervision.

Student Embalmer No.
Signed *John Clark*
Licensed Embalmer No. *4216*
P. O. Address *1600*

Signed.....
Student Embalmer

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.