

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27777

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 27777

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 18 YEARS		d. STREET ADDRESS (If rural, give location) 1615 JACKSON AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1615 JACKSON AVENUE			

3. NAME OF DECEASED (Type or Print) a. (First) VERNA b. (Middle) L c. (Last) STINEMAN			4. DATE OF DEATH (Month) (Day) (Year) JUNE-20-1950		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH JAN-25-1881		9. AGE (In years last birthday) 69 YEARS		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) ATEHISON COUNTY MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME ADOLPHUS Mc DANIEL			13b. MOTHER'S MAIDEN NAME LUCY ANGEL			14. NAME OF HUSBAND OR WIFE MELVIN J. STINEMAN		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MELVIN J. STINEMAN		ADDRESS 1615 JACKSON AVENUE KANSAS CITY MO.	
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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						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart - Coronary							
		ANTECEDENT CAUSES metastasis							
		DUE TO (b) senility							
		DUE TO (c) starvation - myocardial infarction						15/11	
		II. OTHER SIGNIFICANT CONDITIONS starvation - myocardial infarction							

19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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)	
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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?		
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22. I hereby certify that I attended the deceased from **May 17, 1950**, to **June 20, 1950**, that I last saw the deceased alive on _____, and that death occurred at **4:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE R.C. SHOCK (Type or Print)		23b. ADDRESS 1100 1/2 ...		23c. DATE SIGNED 6/21/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6/21/50		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
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DATE REC'D BY LOCAL REG. 6-22-50		REGISTRAR'S SIGNATURE L. S. ...		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newsome's Sons		ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Boyle L. Daniel*

Licensed Embalmer No. *4703*

P. O. Address *Kansas City, 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.