

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 2 1950

State File No. 27143
3561

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 Missouri 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) 50 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		3518			
d. FULL NAME OF HOSPITAL OR INSTITUTION MAJOR CLINIC-31ST & EUCLID				d. STREET ADDRESS (If rural, give location) 3831 HARRISON AVENUE					
3. NAME OF DECEASED (Type or Print) BESSIE			a. (First)		b. (Middle) STUTSMAN		c. (Last)		
4. DATE OF DEATH		AUG-18-1950		5. SEX FEMALE		6. COLOR OR RACE WHITE			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY-15-1878		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) KEARNEY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME JAMES HENDERSON		13b. MOTHER'S MAIDEN NAME LOUELLA		14. NAME OF HUSBAND OR WIFE M. J. STUTSMAN					
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. - - -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MANFORD STUTSMAN, 3831 HARRISON					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Occlusion of the coronary artery (b) Hypertension, cerebral (c) Atherosclerosis, Paralysis of the left leg below the knee II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Sudden 334X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Diabetes				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) 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 June 24 th , 1950, to Aug 18 th , 1950, that I last saw the deceased alive on Aug 15 th , 1950, and that death occurred at 1:35 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Hermon S. Major MD (Degree or title)				23b. ADDRESS 3100 Euclid av KC 3 Mo		23c. DATE SIGNED Aug 19 th 1950			
24a. BURIAL CREMATATION (Remove as applicable) BURIAL		24b. DATE AUG-20-1950		24c. NAME OF CEMETERY OR CREMATORY KEARNEY		24d. LOCATION (City, town, or county) (State) KEARNEY - MISSOURI			
DATE REC'D BY LOCAL REG. 8-19-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer's Sons 1531 BRUSH CREEK BLVD 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-----

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *John E. Fraking*
Licensed Embalmer No. *4483*

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.