.S. No. 300
RV. 10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41019

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5121

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 2 WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 7933 WOODLAND

3. NAME OF DECEASED (Type or Print): a. (First) ROY b. (Middle) L c. (Last) STALLCUP
4. DATE OF DEATH (Month) (Day) (Year): DEC. 3 - 1950
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: APRIL 1, 1905
9. AGE (In years last birthday): 45 — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRICIAN
10b. KIND OF BUSINESS OR INDUSTRY: ELECT.
11. BIRTHPLACE (State or foreign country): HAYS - KANS
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: WILLIAM L STALLCUP
13b. MOTHER'S MAIDEN NAME: DELLA MAY NAGLE
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 177-16-3943
17. INFORMANT'S SIGNATURE OR NAME: Mrs MANSFIELD - K.C. Mo. ADDRESS

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) Rt Pneumonitis (cause unknown) — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Infection & Pneumonia in Rt Lung — 6 mos
DUE TO (c) — 492X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bronchiectasis — 6 mos

19a. DATE OF OPERATION: 11/30/50
19b. MAJOR FINDINGS OF OPERATION: Rt Pneumonectomy
20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ✓

22. *I hereby certify that I attended the deceased from* 11/8/, 1950 *to* 12/3, 1950 *that I last saw the deceased* ✓ *alive on* 12/2, 1950 *and that death occurred at* 1:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W.W. Buckingham (Degree or title): W W Buckingham M.D.
23b. ADDRESS: 314 Prof Bldg Kansas City Mo
23c. DATE SIGNED: 12/3/50
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-4-50
24c. NAME OF CEMETERY OR CREMATORY: OAK-HILL
24d. LOCATION (City, town, or county) (State): ATCHISON KANS
DATE REC'D BY LOCAL REG.: 12-4-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: France - Wornall - 7406 Wornall

(Licensed Embalmer's Statement on Reverse Side)

JAN 4 1951

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 J. LeRoy Mooney

Licensed Embalmer No. 4776

P. O. Address K. C. 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.