

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16830

2362

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>3 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>3016 GARFIELD AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3016 GARFIELD AVENUE</u>		d. STREET ADDRESS (If rural, give location) <u>3016 GARFIELD AVENUE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) <u>BELLE M.</u> c. (Last) <u>STICKEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 30, 1951</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>SEPT. 9, 1889</u>
9. AGE (In years last birthday) <u>61</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MILLER, MO.</u>
13a. FATHER'S NAME <u>WILLIAM T. MILLER</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH E. McCLURE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MR. F. L. STICKEL</u>		ADDRESS <u>3016 GARFIELD, K.C., 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES DUE TO (b) <u>malnutrition</u> DUE TO (c) <u>Lack of capacity to obtain mineral & vitamin value from diet about 8 items 187.</u> 2. OTHER SIGNIFICANT CONDITIONS <u>Encephalitis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>May 4, 1950</u> , to <u>May 30, 1951</u> , that I last saw the deceased alive on <u>May 28, 1951</u> , and that death occurred at <u>11:50 P.M.</u> , from the causes and on the date stated above.		23. ADDRESS <u>1132 Prof. Bldg. K.C. Mo.</u>	
23a. SIGNATURE <u>Harold A. Pallett MD</u>		23c. DATE SIGNED <u>5/30/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-1-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Tulsa Oklahoma</u>	
DATE REC'D BY LOCAL REG. <u>6-1-51</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Holmes</u>	
REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

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 Basil V. Honey
.....

Licensed Embalmer No. 4724

P. O. Address Gashland, 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.