

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1951

State File No. 23361

4800

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

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 222 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>		
b. CITY OR TOWN <u>Rural "Prairie"</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>Independence</u> H. # <u>0480</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Co Emergency</u>			d. STREET ADDRESS (If rural, give location) <u>40 Highway - Lee Summits Road</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susie</u> b. (Middle) <u>A.</u> c. (Last) <u>Stallcup</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 5 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 26, 1875</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days
10a. 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>self employed</u>	11. BIRTHPLACE (State or foreign country) <u>Blue Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Bowling</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah J. Evans</u>		14. NAME OF HUSBAND OR WIFE <u>William Stallcup (deceased)</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 ADDRESS <u>John R. Stallcup Independence, 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>Carcinomatous</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of colon</u>					
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>6-27-1951</u> to <u>7-5-1951</u> , that I last saw the deceased alive on <u>7-4-51</u> , 1951, and that death occurred at <u>7:55 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John C. Glemmenschin</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>Independence, Mo.</u>		23c. DATE SIGNED <u>5 July 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-7-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/6/51</u>		REGISTRAR'S SIGNATURE <u>Donald C. Easonshaw</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Carson Indep., Mo.</u>	

JUL 17 RECD

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.....

Charles E. Schroeder

Licensed Embalmer No.

4741

P. O. Address.....

Independence, 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.