

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41850

State File No. _____

FILED JAN 5 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5638

1. PLACE OF DEATH

a. COUNTY

Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missourib. COUNTY Jacksonb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas Cityc. LENGTH OF STAY (In this place) 55 yrsc. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas Cityd. FULL NAME OF HOSPITAL OR INSTITUTION 7332 Main Streetd. STREET ADDRESS (If rural, give location) 7332 Main Street

3. NAME OF DECEASED (Type or Print)

a. (First)

Maurice

b. (Middle)

Hayes

c. (Last)

Stansberry4. DATE OF DEATH (Month) (Day) (Year) Dec 26 1951

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr 13 1886

9. AGE (In years last birthday)

65

IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Contractor

10b. KIND OF BUSINESS OR INDUSTRY

Painting

11. BIRTHPLACE (State or foreign country)

Irvine Kentucky

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

William Stansberry

13b. MOTHER'S MAIDEN NAME

Susan Dalton

14. NAME OF HUSBAND OR WIFE

Mary Frances Stansberry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS B.F. Leimgruber 7332 Main St. KC Mo

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

H2⁰

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

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) (Minute)

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 P. m., from the causes and on the date stated above.23a. SIGNATURE GEO. C. KEBINOFF (Degree or title)

23b. ADDRESS

23c. DATE SIGNED

Geo. C. Kebinoff and Deputy Coroner4050 Broadway St. KC Mo12-27-51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

BURIALDEC 29 1951MT. OLIVET CEMETERYKANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

12-28-51Seraldine HolmesD.W. Newcomer's Sons Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Bernard L. Horan

Signed.....
Student Embalmer

Licensed Embalmer No. *4250*

P. O. Address *W.C.M.O.*

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.