

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44033

State File No.

FILED JAN 19 1952

5377

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 town) Kansas City		c. LENGTH OF STAY (In this place) 10 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3542 Troost Avenue		d. STREET ADDRESS (If rural, give location) 3542 Troost Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Stephen		b. (Middle) STYMELSKI	
c. (Last) STYMELSKI		4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-3-1888
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Coal Miner	
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? --	
13a. FATHER'S NAME Jacob Stymelski		13b. MOTHER'S MAIDEN NAME Catherine ---	
14. NAME OF HUSBAND OR WIFE Etta May Stymelski		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. 487-16-7304		17. INFORMANT'S SIGNATURE OR NAME Mrs. R. D. Eldridge	
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. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asbestos silicosis, mines ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Not from liver Hauff 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		ADDRESS 3542 Troost, K. C., Mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Post Refused	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Hugh H. Owens		23b. ADDRESS 1034 Riatta Bldg	
23c. DATE SIGNED 12-12-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 12-13-51		24c. NAME OF CEMETERY OR CREMATORY Richmond, Missouri	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	
DATE REC'D BY LOCAL REG. 12-14-51		REGISTRAR'S SIGNATURE Seraldine Holmes	
ADDRESS		ADDRESS 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Glen E. Heck

Licensed Embalmer No. *4063*

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.