

S. No. 300  
IV. 10-48

FILED JUN 10 1952

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

15908

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 4128 Registrar's No. 85

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clay</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Missouri River</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>  |  |
| c. LENGTH OF STAY (In this place) <u>unknown</u>   |  | 3.508  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | d. STREET ADDRESS (If rural, give location) <u>400 E. Armour</u>   |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Jeroldene</u><br>b. (Middle) <u>Stark</u><br>c. (Last) <u>Padgett</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May 27, 1952</u> |  |  |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>white</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u> |  |
| 8. DATE OF BIRTH <u>July 8, 1921</u>   |  | 9. AGE (In years last birthday) <u>30</u>   |  | 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) |  | 10b. KIND OF BUSINESS OR INDUSTRY                                      |  |
| 11. BIRTHPLACE (State or foreign country) <u>Mt. Grove, Missouri</u>   |  |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                      |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Elvin Stark</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Greta Kirkpatrick</u> |  | 14. NAME OF HUSBAND OR WIFE  |  |
| 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>494-08-1517</u>         |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. E. Padgett 400 E Armour KC, Mo</u> |  |

|   |  |   |  |                                  |  |
|---|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Jumped off A.S.B. bridge</u><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS.<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>E975X</u> |  | INTERVAL BETWEEN ONSET AND DEATH |  |
|---|--|---|--|----------------------------------|--|

|                        |  |                                  |  |  |  |
|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
|------------------------|--|----------------------------------|--|--|--|

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>             |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, boiler bldg., etc.) <u>Mo. River</u>         |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mo. City, Clay, Mo.</u> |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-27-52 7</u> m. |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <u>Jumped off A.S.B. Bridge</u>                 |  |

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 <u>D. Pate, M.D. Coroner</u> (Degree or title) |  | 23b. ADDRESS <u>North Kansas City, Mo.</u> |  | 23c. DATE SIGNED <u>6/9/52</u> |  |
|---|--|--|--|--------------------------------|--|

|   |  |                         |  |  |  |   |  |
|---|--|-------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> |  | 24b. DATE <u>6-9-52</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Grove Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State) <u>Mt. Grove, Mo.</u> |  |
|---|--|-------------------------|--|--|--|---|--|

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>5/9/52</u> |  | REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Tyle-Parkley</u> ADDRESS <u>Liberty, Mo.</u> |  |
|--|--|---|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

Card sent to \_\_\_\_\_

**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 J. Taylor*

Licensed Embalmer No. 4554

P. O. Address         

**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.