

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10103

FILED APR 9 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1680

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parkville	
c. LENGTH OF STAY (In this place) 1 DAY		d. STREET ADDRESS (If rural, give location) 6000	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3324 Park (in rear)			

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) W. c. (Last) STANTON			4. DATE OF DEATH (Month) (Day) (Year) Mar. 23, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 2-17-14		9. AGE (In years last birthday) 39		10. KIND OF BUSINESS OR INDUSTRY Fur. Repairman	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fur. Repairman			11. BIRTHPLACE (City and State or Foreign Country) Loami, Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Stanton		13b. MOTHER'S MAIDEN NAME Rachel Walker		14. NAME OF HUSBAND OR WIFE Anna L. Stanton	
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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. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Mrs. Rachel Flynn	
				ADDRESS 5892 Bartmer St. Louis	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Bullet wounds Chest neck		MEDICAL CERTIFICATION Extremities			INTERVAL BETWEEN ONSET AND DEATH 2987
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b)			
ANTECEDENT CAUSES		DUE TO (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.		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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE Justifiable homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson, MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-23-53		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot by Police following robbery	

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 Pratt Bldg		23c. DATE SIGNED 3-26-53	
23d. BIRTHPL. CREMATION REMOVAL (Specify) CREMATION		24b. DATE 3-25-53		24c. NAME OF CEMETERY OR CREMATORY Elmwood	
		24d. LOCATION (City, town, or county) Kansas City, Missouri		(State)	

DATE REC'D BY LOCAL REG. 3-25-53		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	
				ADDRESS Kansas City, Mo.	

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

Melvin Barteaux

Licensed Embalmer No. 4903

P. O. Address K. C. 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.