

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **1553**
55

28-98-54
V FILED **JAN 27 1954**
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 township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 7 HOURS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - HICKMAN MILLS		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL			d. STREET ADDRESS (If rural, give location) R.R. #1 2009		

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) WILLIAM c. (Last) STOVER			4. DATE OF DEATH (Month) (Day) (Year) JAN. 4. 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JAN. 3. 1954	9. AGE (In years last birthday) 7	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) KANSAS CITY MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME RICHARD G. STOVER		13b. MOTHER'S MAIDEN NAME DOROTHY A. PRATHER		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME RICHARD G. STOVER ADDRESS HICKMAN MILLS 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANOXIA			DUE TO (b) Antenatal Hydrocephalus			15 yr		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Def of Vertebral System			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 checked="" 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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.

23a. SIGNATURE Russell W. Kerr (Degree or title) _____		23b. ADDRESS _____		23c. DATE SIGNED 4 Jan 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE JAN. 5. 1954		24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer ADDRESS 134 BRUSH CREEK KANSAS CITY, MO.			
DATE REC'D BY LOCAL REG. 1-5-54		REGISTRAR'S SIGNATURE Maeldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer ADDRESS 134 BRUSH CREEK KANSAS CITY, MO.	

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

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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

Basil G. Honey

Licensed Embalmer No.

4724

P. O. Address

Tashland, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.