

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5082

State File No.

FILED FEB 18 1954

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. 489

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY Ottawa	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)	c. LENGTH OF STAY (In this place) (inhabitant) 9 days	c. CITY OR TOWN Miami	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Malotte N.H., 3217 Cleveland			
e. STREET ADDRESS (If rural, give location) 8358			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) WINIFRED	b. (Middle)	c. (Last) STUBBS	OF Jan. 29, 1954	(Month)	(Day) (Year)

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 14, 1865	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Monroe, Wisconsin		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Wallace Connet		13b. MOTHER'S MAIDEN NAME Margaret Adams		14. NAME OF HUSBAND OR WIFE Judge G. W. Stubbs			
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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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Donald Stubbs, 8914 Roseland, K.C.MO.			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hem. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypostatic Pneum DUE TO (c) Essential Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gen. Ant. Sclerosis			INTERVAL BETWEEN ONSET AND DEATH 48 hrs 36 " 33 1/2
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **26 Jun, 1954**, to **28 Jun, 1954**, that I last saw the deceased alive on **26 Jun, 1954**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Robert M. Myers (Degree or title) Robert M. Myers M.D.		23b. ADDRESS 1025 Beattie Bldg		23c. DATE SIGNED 29 Jun 54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-30-54	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or County) (State) Kansas City, Missouri		
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DATE REC'D BY LOCAL REG. 1-30-54	REGISTRAR'S SIGNATURE Sheldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

708 5:00

Dr. Robert M. Meyer
1025 Res'to Bldg.
Vi 4757

In at Rico

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Eugene J. L...*

Licensed Embalmer No. 46

P. O. Address *Louis, Ct*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.