

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16192**  
Registrar's No. **1971**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>KANSAS</b> b. COUNTY <b>JOHNSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>1 DAY</b>		c. CITY OR TOWN <b>MISSION</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RESEARCH HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>5025 WEST 56th STREET</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EUNICE</b>		b. (Middle) <b>N.</b>		c. (Last) <b>STARK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 30 1954</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>AUGUST 25, 1912</b>		9. AGE (In years last birthday) <b>41</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>NEAR COURT LAND, KANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOSEPH G. LUNDBLADE</b>		13b. MOTHER'S MAIDEN NAME <b>FLORENCE NELSON</b>		14. NAME OF HUSBAND OR WIFE <b>ERWIN A. STARK</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>LOST</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ERWIN A. STARK, 5025 W. 56th ST. MISSION, KS.</b>			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Primary ALVEOLAR CELL CARCINOMA OF LUNGS WITH METASTASES</b> ANTECEDENT CAUSES <b>Morbid conditions, as any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Hours</b>  <b>162X</b>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>JUNE</b> , 19 <b>50</b> , to <b>30 APRIL</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>29 APRIL</b> , 19 <b>54</b> , and that death occurred at <b>12:18 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Charles R. Fox, M.D.</b> (Degree or title)				23b. ADDRESS <b>4637 Wyoming, Kansas City, Mo.</b>		23c. DATE SIGNED <b>30 Apr. '54</b>	
24a. BURIAL CREMATION-REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 3, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ADA LUTHERAN CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KACKLEY KANSAS</b>	
DATE REC'D BY LOCAL REG. <b>5-1-54</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. H. Newcomer, 1331 BRUSH CREEK, Kansas City, Mo.</b>			

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

SEP 18 1958

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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.....  
Signature of Student Embalmer

Signed..... *Richard S. Doyle*

Licensed Embalmer No. .... 495

P. O. Address *Kenosha, Wis.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.