

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 16 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>LIFE</u>		e. STREET ADDRESS (If rural, give location) <u>5331 Highland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Francis</u>	b. (Middle) <u>ANTHONY</u>	c. (Last) <u>Stallbories</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>7</u> <u>11</u> <u>1954</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>3/14/1890</u>	9. AGE (In years last birthday) <u>64 yrs</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED GROCER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>STALLBORIES GROCERY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY KANS.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>WM. H. STALLBORIES</u>	13b. MOTHER'S MAIDEN NAME <u>ANTOINIA NIEGGERMANN</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>WMT-Army 486-07-2505</u>	17. INFORMANT'S SIGNATURE OR NAME, C. M. ADDRESS <u>BERNARDINE FISCHER 3706 E. 39th</u>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) <u>Fracture of left hip</u>		
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>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) / <u>23</u> (STATE) <u>Kansas City, Jackson, Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Approx. 6-21-54</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>Fell on street</u>

22. I hereby certify that I attended the deceased from June 28, 19 54, to July 12, 19 54, that I last saw the deceased  alive on July 12, 19 54, and that death occurred at 10:20Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>B.I. Burns MD</u>	B.I. Burns MD (Degree or title)	23b. ADDRESS <u>24th &amp; Cherry</u>	23c. DATE SIGNED <u>7-12-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/14/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY'S</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO</u>
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DATE REC'D BY LOCAL REG. <u>7-12-54</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter McAlley - Edgar R.C. Co</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Arthur Eugene Hoover*.....

Licensed Embalmer No. *491*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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