

FILED AUG 18 1954

STANDARD CERTIFICATE OF DEATH

State File No. 3744

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 OR TOWN KANSAS CITY | c. LENGTH OF STAY (in this place) 16 YEARS | c. CITY OR TOWN KANSAS CITY | 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 4316 Highland STREET | | | |
| | | e. STREET ADDRESS (If rural, give location) 4316 Highland STREET | |

| | | | |
|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) AZAMA b. (Middle) PERMELIA c. (Last) STANBRO | | 4. DATE OF DEATH (Month) (Day) (Year) July 29 1954 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH Oct-17, 1859 |
| 9. AGE (In years last birthday) 94 | 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) Humbolt Co., IOWA |
| | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

| | | | |
|--|--|--|--|
| 13a. FATHER'S NAME William HAND | 13b. MOTHER'S MAIDEN NAME Elizabeth MANNEN | 14. NAME OF HUSBAND OR WIFE WILLIAM A. STANBRO | |
| 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 Mrs. MURIEL BUCHANAN | |
| | | ADDRESS 4316 Highland Ave KANSAS CITY 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease | | INTERVAL BETWEEN ONSET AND DEATH unknown |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility | | |
| | DUE TO (c) | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 4200 |

| | | | |
|------------------------|----------------------------------|--|--|
| 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) | 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 May 5, 1954, to July 29, 1954, that I last saw the deceased alive on May 5, 1954, and that death occurred at 1:40 p.m., from the causes and on the date stated above.

| | | |
|---|-------------------------------------|--------------------------|
| 23a. SIGNATURE Philip J. Baker (Degree or title) M.D. | 23b. ADDRESS 4000 Baltimore H.E. Mo | 23c. DATE SIGNED 7-30-54 |
|---|-------------------------------------|--------------------------|

| | | | |
|--|-----------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE AUG-11-1954 | 24c. NAME OF CEMETERY OR CREMATORY STANTON CEMETERY | 24d. LOCATION (City, town, or county) (State) STANTON KANSAS |
|--|-----------------------|---|--|

| | | | |
|----------------------------------|---------------------------------------|--|--|
| DATE REC'D BY LOCAL REG. 7-31-54 | REGISTRAR'S SIGNATURE Geraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. NEWCOMER'S SONS K.C.Mo. 133A BRUSH CREEK | |
|----------------------------------|---------------------------------------|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Chester K Brown

Licensed Embalmer No. *4*

P. O. Address *KE*

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.