

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27732

3409

FILED AUG 18 1954		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3409	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. LENGTH OF STAY (in this place) 5 yrs		c. CITY OR TOWN Kansas City		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 General Hospital				No. STREET ADDRESS (If rural, give location) 1904 Main St 3318			
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) Stoenburgen			c. (Last) Stoenburgen	
4. DATE OF DEATH (Month) (Day) (Year) 7-14-54		5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH April 17-1904		9. AGE (In years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Manager		11. BIRTHPLACE (City and State or Foreign Country) Jefferson City MO	
12. CITIZENRY OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Stoenburgen		13b. MOTHER'S MAIDEN NAME Sally Scott		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War No 2		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jeff Stoenburgen Jefferson 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Created by heart trouble				INTERVAL BETWEEN ONSET AND DEATH 4340	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Post Ruptured				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (SUICIDE) HOMICIDE Natural		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 _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Hugh H. Owens Coroner		23b. ADDRESS 1039 Piatt Bldg		23c. DATE SIGNED 7-16-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 16-54		24c. NAME OF CEMETERY OR CREMATORY Jefferson		24d. LOCATION (City, town, or county) (State) Jefferson City MO	
DATE REC'D BY LOCAL REG. 7-16-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Passantino Bros KCMO			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Hugh H. Owens

AUG 12 1951

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 *Forest Caldwell*.....

Licensed Embalmer No. *47*.....

P. O. Address *15 C 24*.....

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.