

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 28 1955

State File No. **12172**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1611

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 OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>32 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>	d. 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 <u>Memorah Medical Center</u>		STREET ADDRESS (If rural, give location) <u>4134 Terrace</u> <u>3708</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>FRANK</u>	a. (First)	b. (Middle)	c. (Last) <u>STAMBERGER, Jr</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>9</u> <u>1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-1-1882</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rt. Tool Dresser</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Tool</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>No Record</u>	13b. MOTHER'S MAIDEN NAME <u>No Record</u>	14. NAME OF HUSBAND OR WIFE <u>Bette Stamberger</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-05-7270</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Stamberger</u>	ADDRESS <u>4505 Doris</u>	<u>KC 6 Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Large intracerebral hemorrhage, Rt. parietal</u>		<u>6 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhage + laceration of brain, Rt. Frontal</u> <u>Subdural hemorrhage, rt.</u> DUE TO (c) <u>Fracture - skull - calvarium - Rt. + Lt. parietal</u>		<u>12 hours</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture 3, 4, 5, 6 Rt. ribs.</u>		<u>12 hrs</u>	<u>12 hours</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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>back yard</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 8 1955 10:00 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>apparently had stroke - fell - fractured skull</u>
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22. I hereby certify that I attended the deceased from March 1954, to 9 April, 1955, that I last saw the deceased alive on 9 April, 1955, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Stanley J. Goldman</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>130 Bryant Bldg Kansas City</u>	23c. DATE SIGNED <u>10 April 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-12-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-11-55</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wagner Funeral Home</u>	ADDRESS <u>KC 6 Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD Stanley J. Goldman MD

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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 *Alvin R. Haunschild*

Licensed Embalmer No. *41*

P. O. Address *K. C.*

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.