

FILED AUG 3-1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22405

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 2996
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 (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS City		c. LENGTH OF STAY (In this place) 31 yrs		c. CITY OR TOWN KANSAS City
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. JOSEPH Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) EL ZADA		a. (First) MARIE		b. (Middle) STANIFORD
c. (Last) STANIFORD		4. DATE OF DEATH (Month) (Day) (Year) July-11-1955		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 9, 1880	9. AGE (In years, months, days) 75
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) ARKANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME GEO. REDDICK		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE WALTER O. STANIFORD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME ADDRESS WALTER O. STANIFORD 5811 E. 10th	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown  ANTECEDENT CAUSES DUE TO (b) Carcinoma Vasis DUE TO (c) Carcinoma of Rt Ovary Extension to bladder II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 4 mo within 1 yr
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 3-4 1955, to 7-11, 1955, that I last saw the deceased alive on 7-10, 1955, and that death occurred at 12:30 P.m., from the causes and on the date stated above.				
23a. SIGNATURE Paul A. Kienberger (Degree or title) M.D. MD		23b. ADDRESS 5246 St John		23c. DATE SIGNED 7-12-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July-13-1955	24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEM.	24d. LOCATION (City, town, or county) (State) KANSAS City, MO.	
DATE REC'D BY LOCAL REG 7-13-55	REGISTRAR'S SIGNATURE Ned Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Blackman, Son Inc. K.C. Mo.		

(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 *W.C. Rinne*.....

Licensed Embalmer No. *48*.....

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.