

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40341**

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give town or township) Fayette	c. LENGTH OF STAY (If in place) 2 yrs	c. CITY OR TOWN Fayette	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 (If not in hospital or institution, give street address or location) 205 N. Linn St.		STREET ADDRESS (If rural, give location) 205 N. Linn St.	

3. NAME OF DECEASED (Type or Print) a. (First) Vera b. (Middle) Marie c. (Last) Stuteville	4. DATE OF DEATH (Month) Dec. (Day) 11, (Year) 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Aug. 10, 1904	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 4 Days 7	IF UNDER 24 HRS. Hours Mts.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse	10b. KIND OF BUSINESS OR INDUSTRY Olathe Hospital	11. BIRTHPLACE (City and State or Foreign Country) Sherwin, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George McKee	13b. MOTHER'S MAIDEN NAME Julia Nelson	14. NAME OF HUSBAND OR WIFE Unknown
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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) No	16. SOCIAL SECURITY 514-18-6716	17. INFORMANT'S SIGNATURE OR NAME Howard McKee ADDRESS Olathe, Kansas
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown		
	DUE TO (c) 4201		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic sarcosis		unknown	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Automobile	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) at home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? fall
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22. I hereby certify that I attended the deceased from **Dec 11, 1955**, to **Dec 11, 1955**, that I last saw the deceased alive on **19**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm J. Shaw, Jr M.D. (Degree or title)	23b. ADDRESS Lee Hospital, Fayette	23c. DATE SIGNED 12-11-55
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal	24b. DATE 12/11/56	24c. NAME OF CEMETERY OR CREMATORY Olathe Cemetery	24d. LOCATION (City, town, or county) (State) Olathe, Kansas
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DATE REC'D BY LOCAL REG. 12-11-55	REGISTRAR'S SIGNATURE Mary K. Shell 436	25. FUNERAL DIRECTOR'S SIGNATURE Fred A. Carr ADDRESS Fayette, Mo
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(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 *William C. French*

Licensed Embalmer No... *48*

P. O. Address *Fayette*

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.