

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 27 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1011

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital
e. STREET ADDRESS (If rural, give location) 428 E. 72nd St.

3. NAME OF DECEASED (Type or Print)
a. (First) John b. (Middle) Samuel c. (Last) Stamm

4. DATE OF DEATH (Month) (Day) (Year) March 5, 1956
5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Mar. 23 1878 9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Bishop - Evangelical - Church 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Alida, Kansas 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Stamm 13b. MOTHER'S MAIDEN NAME Mary Schmutz 14. NAME OF HUSBAND OR WIFE Priscilla M. Stamm

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 NO. 494-40-4948 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Priscilla M. Stamm 428 E. 72 St. Kas. 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, ashenia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPOSTATIC PNEUMONIA
ANTECEDENT CAUSES (b) FRACTURED RIGHT ACETABULUM
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED ARTERIOSCLEROSIS

INTERVAL BETWEEN ONSET AND DEATH
3 DAYS
3 weeks
8900
5-10 yrs.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) IN HOME 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) KANSAS CITY JACKSON MO.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) FEB. 17 1956 2p.m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? FELL DOWN BASEMENT STEPS

22. I hereby certify that I attended the deceased from Dec. 21, 1954 to MAR. 5, 1956, that I last saw the deceased alive on MAR. 4, 1956, and that death occurred at 4:40 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George K. Landis, M.D. 23b. ADDRESS 1630 Prof. Bldg. 23c. DATE SIGNED MAR 5 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Mar. 8 1956 24c. NAME OF CEMETERY OR CREMATORY Mt Moriah Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 3-7-56 REGISTRAR'S SIGNATURE Neva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C.L. Forster Funeral Home Kansas City Mo.

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

MAY 8 1956

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.....
J. Vigil Harris

Licensed Embalmer No. 358

P. O. Address K. Ma.

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.