

FILED JUL 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23992

State File No.

2717

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas City b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Prairie Village Kas.	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 Continental Hotel		e. STREET ADDRESS 734 1/2 Ash	8150
3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) E. c. (Last) Stoll			4. DATE OF DEATH (Month) (Day) (Year) June 19 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 29, 1896
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer	11. BIRTHPLACE (City and State or Foreign Country) Atchison Kansas
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Memorial Gardens	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Samuel Stoll		13b. MOTHER'S MAIDEN NAME Saraha Brown	14. NAME OF HUSBAND OR WIFE Lucille Stoll
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W. W. I		16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lucille Stoll 734 1/2 Ash
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) Acute Myocardial infarct INTERVAL BETWEEN ONSET AND DEATH 1 hr. 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. old cerebral thrombosis 4201 6 mo.	
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 9-13, 1956 , to June 19, 1956 , that I last saw the deceased alive on June 7, 1956 and that death occurred at 4:30 pm , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) ^D M.G. Berry M.D.		23b. ADDRESS 312 Midvale Rd Kansas City, Mo	
23c. DATE SIGNED June 20 56			
24a. BURIAL CREMATION (REMOVAL) (Specify) Burial		24b. DATE 6/22/56	
24c. NAME OF CEMETERY Johnson County Memorial Gardens, Mission, Kansas		24d. LOCATION (City, town, or county) (State) Mo	
DATE REC'D BY LOCAL REG. 6-21-56		REGISTRAR'S SIGNATURE Neva Minshall	
25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO., 3235 Gillham Plaza,		ADDRESS K. C. 9, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Berry
Plaza Med. Bldg.*

MAR 12 1958
JUL 18 1958

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 *Elmer H. Triplett*

Licensed Embalmer No. *4P 17*

P. O. Address *Kansas City, 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.