

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13432
STATE FILE NUMBER
1435
Registrar's No.

FILED APR 16 1957

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 1435

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>610 W 14th</i>		d. STREET ADDRESS (If outside, give location) <i>610 W 14th</i>	
3. NAME OF DECEASED (Type or print) First <i>Gladye</i> Middle <i>C.</i> Last <i>Stalberg</i>		4. DATE OF DEATH Month <i>3</i> Day <i>26</i> Year <i>57</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>7-25-1874</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Kansas</i>
13. FATHER'S NAME <i>Chas. B. Birdsell</i>		14. MOTHER'S MAIDEN NAME <i>Agnes Hubbard</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) <i>No</i>		17. INFORMANT <i>August F. Stalberg</i> Address <i>609 W. 14th</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cause of death unknown</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>no past Summit</i>			INTERVAL BETWEEN ONSET AND DEATH <i>7955</i>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Hugh H. Owens Coroner</i>		22b. ADDRESS <i>1034 Park Blvd</i>	22c. DATE SIGNED <i>3-27-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>3/29/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt Washington</i>	23d. LOCATION (City, town, or county) (State) <i>K C Mo</i>
24. FUNERAL DIRECTOR <i>Better & Co</i> ADDRESS <i>302 E. 4th St. Kansas City, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>3-27-57</i>	26. REGISTRAR'S SIGNATURE <i>Deva Minshall</i>

Health, Welfare Public Service
300 1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Hugh H. Owens

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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 *Peter B. Vegetina*

Licensed Embalmer No. *427*

P. O. Address *1562nd*

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.