THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 021873

STATE FILE NUMBER

FILED JUN 18 1957

Registration District No. 210 Primary Registration District No. 5773 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Mercer	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morgan Twp — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Kansas City, Mo 23 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in Ib 40 yrs.	d. STREET ADDRESS (If outside, give location) 1621 Elmwood St — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Albert	Middle: Lee	Last: Stocklas	4. DATE OF DEATH Month Day Year: 6-14-57
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 3-9-1902	9. AGE (In years last birthday): 55 — 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): clerk	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Harrison Twp		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frank Stocklas		14. MOTHER'S MAIDEN NAME: Martha Cast		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes W. W. II (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 500-14-504	17. INFORMANT: Mrs Lee Stocklas	Address: 1621 Elmwood St K. C. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary arterio-sclerosis — Unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	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. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY / STATE

21. I attended the deceased from never attended, to _____ and last saw her/him alive on _____

Death occurred at 6 o'clock, pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank H Zahrt MD	22b. ADDRESS: 210 W. Main, Princeton, Mo	22c. DATE SIGNED: 6-17,57

23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: 6-16-57	23c. NAME OF CEMETERY OR CREMATORY: Princeton	23d. LOCATION (City, town, or county) (State): Princeton, Mo
24. FUNERAL DIRECTOR: Noel Moss	ADDRESS: Princeton, Mo	25. DATE RECD. BY LOCAL REG.: 6-17-57	26. REGISTRAR'S SIGNATURE: Noel Moss

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JUN 26 1957

DEC 22 1958

JUL 22 1957

JUL 31 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 26

P. O. Address.....

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.