

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036639

STATE FILE NUMBER

109

FILED NOV 14 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5109

1. PLACE OF DEATH a. COUNTY JACKSON		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 KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		Length of stay in 1b 28 YEARS	d. STREET ADDRESS (If outside, give location) 4501 EAST 38th STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HUGO Middle HENRY Last STOLBERG			4. DATE OF DEATH Month OCTOBER Day 26 Year 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUGUST 31, 1885 9. AGE (In years) Last birthday 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER		10b. KIND OF BUSINESS OR INDUSTRY CABINET COMPANY	11. BIRTHPLACE (City and state or country) SALINE COUNTY, MISSOURI
13a. FATHER'S NAME HENRY C. STOLBERG		13b. MOTHER'S MAIDEN NAME EMMA TRAUTMAN	12. CITIZEN OF WHAT COUNTRY? U. S. A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 490-16-4096	17. INFORMANT MRS. DOLLIE M. STOLBERG - KANSAS CITY, MO. Address 4501 E. 38th ST.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) aneurysm (ruptured) of aorta Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) hemotopneumum - coronary thrombosis DUE TO (c) arterio-sclerosis			INTERVAL BETWEEN ONSET AND DEATH 45 hr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) } Extensive cardio-vascular disease			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
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 Oct 25-58 to 10-26-58 and last saw her alive on Oct 26th-58 Death occurred at 12:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Vincent Williams M.D. (Degree or title)		22b. ADDRESS Argyle Bldg.	22c. DATE SIGNED Oct 27-58
23a. BURIAL, CREMATION, (REMOVAL, etc.) BURIAL	23b. DATE OCT. 27, 1958	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY	23d. LOCATION (City, town, or county) (State) SWEET SPRING, MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS - KANSAS CITY, MO ADDRESS 1331 BRUSH CREEK		25. DATE RECD. BY LOCAL REG. 10-28-58	26. REGISTRAR'S SIGNATURE reva minshall

Vincents T. Williams USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Thomas W. Holman*

Licensed Embalmer No.....:

P. O. Address.....

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.