

**R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS JUL 26 1960**

**=60-026692**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3486 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>												
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>55 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Plaza Nursing Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4001 Warwick</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First Middle Last <u>MRS. STELLA HEMSTREET ADAMS</u>				4. DATE OF DEATH Month Day Year <u>July 3 1960</u>												
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-3-1866</u>	9. AGE (last birthday) <u>94</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Moniteau Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>									
13a. FATHER'S NAME <u>Dr. M. Hemstreet</u>			13b. MOTHER'S MAIDEN NAME <u>Lavinia Luson</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</u>										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs. Johnson</u>			Address <u>7001 ...</u>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary edema</u>							INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <u>Cerebral hemorrhage</u>							<u>26 hours</u>									
DUE TO (c) <u>Generalized arteriosclerosis</u>							<u>7 years +</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>7-20-53</u> to <u>7-3-60</u> and last saw her <u>living</u> alive on <u>7-3-60</u> Death occurred at <u>12:45 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.																
22a. SIGNATURE <u>Herbert Shuey, M.D.</u> (Degree or title)				22b. ADDRESS <u>3903 Brooklyn K. C., Mo.</u>				22c. DATE SIGNED <u>7-5-60</u>								
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		23b. DATE <u>7-8-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory</u>			23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>									
24. FUNERAL DIRECTOR <u>Melody-McGilley-Eylar Funeral Home</u> <u>Woodland @ Linwood</u>				25. DATE RECD. BY LOCAL REG. <u>7-5-60</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>										

DOCUMENT

BY AFFIDAVIT OF  
Herbert Shuey MEDICAL CERTIFICATION

Dr. Herbert  
3903 B  
WA 4-64

in about 1.30

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Rale H. Martin

Licensed Embalmer No. 5106  
P. O. Address Shawnee

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.