

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
-61-005640

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 10

AMENDED

FILED VS. FEB 27 1961

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| 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 Lee's Summit | | Length of stay in 1b 15 yrs. | c. CITY OR TOWN Lee's Summit |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 115 W. 3rd. St. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 115 W. 3rd. St. |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First Emma Middle Frances Last Stout | | | 4. DATE OF DEATH Month Feb. Day 16, Year 1961 | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 27, 1972 | 9. AGE (last birthday) 89 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Camp Point, Ill. | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME William W. Thomas | 13b. MOTHER'S MAIDEN NAME Frances Kessler | 14. NAME OF HUSBAND OR WIFE George M. Stout, Dec. |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Mrs. N. B. Langsford Sr., Lee's Summit, Missouri. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia | | INTERVAL BETWEEN ONSET AND DEATH 3 days. |
| DUE TO (b) Arteriosclerotic heart disease | | |
| DUE TO (c) | | 2 yr. |

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| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 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.) |
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| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 |
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| 21. I attended the deceased from May 5, 1958 to Feb. 16, 1961 and last saw her ^{him} alive on Feb. 16, 1961 Death occurred at 2-16-61 1:50 A m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree, or title) Clint Miller M.D. | 22b. ADDRESS Lee's Summit MO | 22c. DATE SIGNED 2/16/61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Feb. 18, 1961 | 23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery Lee's Summit, Missouri | 23d. LOCATION (City, town, or county) Lee's Summit, Missouri |
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| 24. FUNERAL DIRECTOR Langsford Funeral Home, Lee's Summit Missouri | ADDRESS Missouri | 25. DATE RECD. BY LOCAL REG. 2-17-1961 | 26. REGISTRAR'S SIGNATURE N. B. Langsford |
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

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 N. B. Longobardi

Licensed Embalmer No. 14962
P. O. Address Leicester, Mass.

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.