

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009162

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1189

STATE FILE NUMBER

AMENDED

**FILED MAR 29 1961**

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 45 YEARS  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PARKING LOT 2904 Independence Ave Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Jackson  
 c. CITY OR TOWN Kansas City Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 315 So. Elmwood Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First ULYS Middle M. Last STINSON 4. DATE OF DEATH Month MARCH Day 4 Year 1961

5. SEX MALE 6. COLOR OR RACE Cauc. 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH MAY 4 1894 9. AGE (last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIPPING CLERK 10b. KIND OF BUSINESS OR INDUSTRY AUTO MFG. 11. BIRTHPLACE (City and state or country) ADMIRE, KANSAS 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME GEORGE W. STINSON 13b. MOTHER'S MAIDEN NAME CARRIE WATERS 14. NAME OF HUSBAND OR WIFE IDA M. STINSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) yes ww i 16. SOCIAL SECURITY NO. 17. INFORMANT MRS. IDA M. STINSON 315 S. ELMWOOD Address

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 Occlusion  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.  
 Yes  No  Unknown

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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. p.m.

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 6-29-60 to 2-20-61 and last saw her/him alive on 2-20-61  
 Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) Ruth Long M.D. 22b. ADDRESS 4800 E. 24th, Kansas City, Mo. 22c. DATE SIGNED March 6, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE MAR. 7 1961 23c. NAME OF CEMETERY OR CREMATORY MOUNT MORIAL CEMETERY 23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI

24. FUNERAL DIRECTOR MUENLEBACH ADDRESS 6800 TROOST 25. DATE RECD. BY LOCAL REG. 3-6-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

INSTEAD OF THIS RECORD MAKE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

Ruth Perry

**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 Clare. Parry

Licensed Embalmer No. 6934

P. O. Address KC 14 Mo.

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.