SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2170 -61-017795 STATE FILE NUMBER

AMENDED FILED MAY 29 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Luke's Hospital — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Leavenworth
c. CITY OR TOWN: Leavenworth — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 511 Elm St. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Michelle Middle: Rene Last: Stafford
4. DATE OF DEATH: Month: April Day: 28 Year: 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-4-1961
9. AGE (last birthday) IF UNDER 1 YEAR: Months: 1 Days: 24 IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Sacramento, Calif.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: William C. Stafford
13b. MOTHER'S MAIDEN NAME: Paula Jean Lashley
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: William C. Stafford Address: Leavenworth, Kans.

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): congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): congenital heart disease, patent ductus arteriosus — from birth
DUE TO (c):
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 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 April 17, 61 to April 28, 61 and last saw her/him alive on April 28, 1961
Death occurred at 9:55P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Neal Smith M.D. (Degree or title)
22b. ADDRESS: 7501 Mission Road, Prairie Village, Kans
22c. DATE SIGNED: 5-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4-28-61
23c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
23d. LOCATION (City, town, or county) (State): Leavenworth, Kans.

24. FUNERAL DIRECTOR: Sumpter Mortuary, ADDRESS: Leavenworth, Kans.
25. DATE RECD. BY LOCAL REG.: 5-2-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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 NOT EMBALMED, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Richard W. Dumpler

Licensed Embalmer No. 3862

P. O. Address LEAVENWORTH, KANSA

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.