

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047224

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6268

FILED DEC 26 1962

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Blaine Z. Hibbard M.D. MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE OKLAHOMA b. COUNTY GRANT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 1 MONTH	c. CITY OR TOWN MEDFORD Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST LUKES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D.# 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ALLIE ANN STOLL			4. DATE OF DEATH Month Day Year DECEMBER 10th 1962
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/2/74.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	9. AGE (last birthday) 88 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HR: Months Days Hours Min.
11a. FATHER'S NAME ELLSWORTH HAYWORTH		11b. MOTHER'S MAIDEN NAME ELLEN SMITH	11. BIRTHPLACE (City and state or country) ST. JOSEPH MISSOURI U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) NO		16. SOCIAL SECURITY NO. NONE	12. CITIZEN OF WHAT COUNTRY U.S.A.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) mesenteric thrombosis		14. NAME OF HUSBAND GEORGE STOLL	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized aortic sclerosis		INTERVAL BETWEEN ONSET AND DEATH 31 hours	
DUE TO (c)		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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral thrombosis - 6 weeks -		17. INFORMANT'S NAME AND ADDRESS MISSION KANSAS MISS, AVIS STOLL, 4607 West 61st TER	
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 a.m. p.m. Month, Day, Year	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 11 Nov 1962 to 10 Dec 1962 and last saw her alive on 9 Dec 1962 Death occurred at 4:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Blaine Z. Hibbard M.D.</i>		22b. ADDRESS 4320 Wannall Rd KEMo	22c. DATE SIGNED 10 Dec 1962
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12.-10-1962	23c. NAME OF CEMETERY OR CREMATORY Rosemound Cemetery	23d. LOCATION (City, town, or county) (State) Medford Oklahoma
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City Mo		25. DATE RECD. BY LOCAL REG. 12-10-62	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Blainie Park Hilliard -
Route # 2 S6 - 4320 Hammett Road
12:30.

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Basil W. Houser

Licensed Embalmer No. 45724
P. O. Address W O M

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.