MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER -63-012064

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 149

FILED MAR 29 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 7005
2 8150
3
4 0
5 0
6
7 1
8 2
9 X
10 /
11 700
12 92-3
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. — SHOULD READ — INSTEAD OF — DATE AMENDED — BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence — Length of stay in 1b: minutes
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DOA Iddep.Sanit.& Hosp. — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: KANSAS b. COUNTY: Wyandotte
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 637 Sandusky — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Robert Middle: Joseph Last: Stoway

4. DATE OF DEATH: Month: March Day: 24 Year: 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-8-1937
9. AGE (last birthday): 25 — 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): Assembly worker
10b. KIND OF BUSINESS OR INDUSTRY: General Motors BOP
11. BIRTHPLACE (City and state or country): Kansas City, Kansas
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Frank T. Stoway
13b. MOTHER'S MAIDEN NAME: Mae E. Thompson
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Frank R. Stoway Address: 637 Sandusky Kansas City, Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Concussion head fractured
DUE TO (b): Skull
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): History of Inebriation

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.): One car failed to make
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year: 3-24-63 — curve — thrown from car
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.): Highway 24
20f. CITY, TOWN, OR LOCATION: Jackson COUNTY: STATE: mo

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh A. Owens Coroner
22b. ADDRESS: 152 union station
22c. DATE SIGNED: 3-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-24-1963
23c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Kansas

24. FUNERAL DIRECTOR — ADDRESS: Geo.C.Carson & Sons Independence, Mo.
25. DATE RECD. BY LOCAL REG.: 3-25-63
26. REGISTRAR'S SIGNATURE: Ella L. Craig

(Licensed Embalmer's Statement on Reverse Side)

APR 4 1963

APR 18 1963

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 Raymond F. Hoermann

Licensed Embalmer No. 4266

P. O. Address Independence, 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.