

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12701
1541

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY (1)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>54 YEARS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>2439 EAST 75TH STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDGAR</u> b. (Middle) <u>HARDEN</u> c. (Last) <u>STAIR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL - 4 - 1949</u>		
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>MAY-12-1880</u>		9. AGE (In years last birthday) <u>68 YRS</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANAGER OFFICE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>CRUSHED ROCK CO.</u>				11. BIRTHPLACE (State or foreign country) <u>LEBANON, INDIANA</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
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13a. FATHER'S NAME <u>JOHN G. STAIR</u>				13b. MOTHER'S MAIDEN NAME <u>ELIZA HARDEN</u>				14. NAME OF HUSBAND OR WIFE <u>EMMA FRAZIER STAIR</u>			
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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) <u>NO</u>				16. SOCIAL SECURITY NO. <u>495-05-8136</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. EMMA FRAZIER STAIR</u> ADDRESS <u>2439 EAST 75TH ST. KANSAS CITY, MO.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Chronic Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dysplasia of Septum of Heart</u>										INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Russell W. Keen</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>St. Joseph Hospital</u>				23c. DATE SIGNED <u>5pm 49</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR. 6 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>				24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>			
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DATE REC'D BY LOCAL REG. <u>4-6-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u> ADDRESS <u>1401 BRUSH CREEK BLVD. KANSAS CITY, MO.</u>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *D. D. Nofsinger*

Licensed Embalmer No. *3938*

P. O. Address *Kansas City*

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 this body is not embalmed, fact should be so stated above.