

FILED MAY 19 1949 STANDARD CERTIFICATE OF DEATH

State File No. **16156**

BIRTH NO. 28740-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1954

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 9 hrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 6124 Walnut	

3. NAME OF DECEASED (Type or Print) a. (First) Stephen b. (Middle) Le Roy c. (Last) Stauffer			4. DATE OF DEATH (Month) (Day) (Year) May 1, 1949		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH May 1, 1949		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 9	
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 (State or foreign country) Kansas City, Missouri
			12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME Glen Le Roy Stauffer		13b. MOTHER'S MAIDEN NAME Ada Belle Alexander		14. NAME OF HUSBAND OR WIFE --	
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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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glen Le Roy Stauffer 6124 Walnut	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 8 hrs.	
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) respiratory failure				
		ANTECEDENT CAUSES DUE TO (b) prematurity 7 mos. gestation *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			776X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 1, 1949, to May 1, 1949, that I last saw the deceased alive on May 1, 1949, and that death occurred at 2:35P.m., from the causes and on the date stated above.

23a. SIGNATURE Robert S. Higgins M.D.		23b. ADDRESS 1107 Bryant Bldg. K. C. Mo.		23c. DATE SIGNED 5-3-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 5-4-49		24c. NAME OF CEMETERY OR CREMATORY --		24d. LOCATION (City, town, or county) (State) Lawrence, Kans.	
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DATE REC'D BY LOCAL REG. 5-4-49		REGISTRAR'S SIGNATURE Staldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newcomer's Sons 1331 Brush Creek Blvd.	
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.

as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

None

19b. MAJOR FINDINGS OF OPERATION

—

20. AUTOPSY?

YES NO 21a. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

0

21b. PLACE OF INJURY (e.g., in or about
home, farm, factory, street, office bldg., etc.)

0

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

Kansas City Jackson, Mo.

21d. TIME
OF
INJURY

(Month)

(Day)

(Year)

(Hour)

m.

21e. INJURY OCCURRED

WHILE AT
WORK NOT WHILE
AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Mar 1~~ Mar 1, 1949, to May 1, 1949, that I last saw the deceased alive on May 1, 1949 and that death occurred at 2:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE Robert S. Higgins

(Degree or title)

M.D.

23b. ADDRESS

1107 Bessie Blvd. K.C. Mo.

23c. DATE SIGNED

5-3-49

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

5-4-49

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG.

5-4-49

REGISTRAR'S SIGNATURE

Sheldene Holmes

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

D.H. Newcomer 1331 BRUSH CREEK
KANSAS CITY, Mo.

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.

Signed.....
Student Embalmer

1949
S-16156

Signed

Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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 this body is not embalmed, fact should be so stated above.