

FILED AUG 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27146

State File No.

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 30

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 OR TOWN Rural-Washington)		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City - Rural	
c. LENGTH OF STAY (In this place) XXX		d. STREET ADDRESS (If rural, give location) 8308 Woodland	
d. FULL NAME OF HOSPITAL OR INSTITUTION Blue River Station, give street address or location) 86 St. & Highway 717			
3. NAME OF DECEASED (Type or Print) a. (First) DAN		b. (Middle) R.	
c. (Last) STAINBROOK		4. DATE OF DEATH (Month) (Day) (Year) 8 8 1949	
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-15-1907
9. AGE (In years last birthday) 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grading Contractor	11. BIRTHPLACE (State or foreign country) Kansas City, Mo.
10b. KIND OF BUSINESS OR INDUSTRY XX		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Geo. Stainbrook		13b. MOTHER'S MAIDEN NAME Edna Davis	
14. NAME OF HUSBAND OR WIFE Josephine Stainbrook		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 496-09-5481		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Josephine Stainbrook, K.C. Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertrophy of heart 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		19b. MAJOR FINDINGS OF OPERATION Deputy Coroner	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE A. E. Usher M.D. (Degree or title)		23b. ADDRESS 2800 Main	
23c. DATE SIGNED 8/9/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 8-11-49		24c. NAME OF CEMETERY OR CREMATORY Forest Hill	
24d. LOCATION (City, town, or county) (State) Kansas City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Wagner K. C. Mo	
DATE REC'D BY LOCAL REG. 8/10/49		REGISTRAR'S SIGNATURE Dr. Annis G. Hedgcock	

(Licensed Embalmer's Statement on Reverse Side)

WHILE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

AUG 16 RECD

AUG 19 1949
AUG 16 1949

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 Alvin R. Haenschel

Licensed Embalmer No: 4159

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.