

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

37528

4708

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. <u>4708</u>		
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) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>5 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Linwood Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>1900 Linwood 2909 Lockridge</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u>			b. (Middle) _____		c. (Last) <u>STILES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 5 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Dec 26 1861</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Delmar, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Ed Sparks</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Funkhouser</u>		14. NAME OF HUSBAND OR WIFE <u>B. F. Stiles</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harold E. Stiles, 2909 Lockridge K.C. Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriodart arteriosclerosis</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> <u>Years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>(Had been treated at Gen Hosp)</u> 4437					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 <u>Pathologist, Gen Hosp</u> , 19 <u>49</u> , to <u>19</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title)				23b. ADDRESS <u>Gen. Hosp.</u>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marshalltown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshalltown, Iowa</u>		
DATE REC'D BY LOCAL REG. <u>11-5-49</u>		REGISTRAR'S SIGNATURE <u>Thalidine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILKS FUNERAL HOME 2315 Linwood K.C. Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address Houssas City 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.