

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41306
State File No. 5070

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>JACKSON</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>JACKSON</u>		admission) <u>10</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) (township) <u>30 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		<u>533</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3810 THE PASEO</u>				d. STREET ADDRESS (If rural, give location) <u>3810 THE PASEO</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>CLARA</u>	b. (Middle) <u>ELLEN</u>	c. (Last) <u>STOOKEY</u>	(Month) <u>NOVEMBER</u>	(Day) <u>27</u>	(Year) <u>1949</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>
(Type or Print)							
8. DATE OF BIRTH <u>DEC.-6,-1866</u>		9. AGE (In years last birthday) <u>82 YRS</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRESS MAKER - RETIRED 18 YRS</u>		11. BIRTHPLACE (State or foreign country) <u>NEW HOLLAND OHIO</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ETHAN ALLEN STOOKEY</u>		13b. MOTHER'S MAIDEN NAME <u>HALLIE MAY BRYANT</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Isabelle Norrall</u>		ADDRESS <u>3810 The Paseo</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral palsy</u>				<u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>none</u>					
		DUE TO (c) <u>none</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Partial paralysis rt. arm</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>neither</u>		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>Nov 17, 1949</u> , to <u>Nov. 28, 1949</u> , that I last saw the deceased alive on <u>Nov. 26, 1949</u> , and that death occurred at <u>3:15 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph E. Norrall</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>3810 The Paseo H.G. Vld</u>		23c. DATE SIGNED <u>11/27/49</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 30, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>TOPEKA CEMETERY ASSN.</u>		24d. LOCATION (City, town, or county) (State) <u>TOPEKA KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>11-29-49</u>		REGISTRAR'S SIGNATURE <u>Shiraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

(Licensed Embalmers' 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 _____

Albert L. Savage
working under my personal supervision.

Student Embalmer No. *360*

Student *Albert L. Savage*
Student Embalmer *360*

Signed *John C. Frahmig*
Licensed Embalmer No. *4483*

P. O. Address *Kansas 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.