

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9149

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 130

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>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>	
c. LENGTH OF STAY (in this place) <u>3 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>1928 Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1928 Home</u>		d. STREET ADDRESS (If rural, give location) <u>1928 Home</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u> b. (Middle) <u>GRANT</u> c. (Last) <u>STUCKEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 4 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 6 - 1880</u>
9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Days <u>28</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Hamilton Stuckey</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Ann Kitchen</u>	
14. NAME OF HUSBAND OR WIFE <u>Carrie May Stuckey</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carrie May Stuckey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-26-7246</u>	
17. ADDRESS <u>Carrie May Stuckey</u>		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.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1.5 mo.</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Apr 1949</u> , to <u>4-4-50</u> , that I last saw the deceased alive on <u>4-4-1950</u> and that death occurred at <u>8:30 A. M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Edwin D. ...</u>		23b. ADDRESS <u>11018 Winner Rd Mo</u>	
23c. DATE SIGNED <u>4-4-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 6 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lawson</u>	
24d. LOCATION (City, town, or county) (State) <u>Lawson Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arman-Richard Lawson</u>	
DATE REC'D BY LOCAL REG. <u>Apr 5 - 1950</u>		REGISTRAR'S SIGNATURE <u>...</u>	
25. ADDRESS <u>...</u>		25. ADDRESS <u>...</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

484

APR 8 1950

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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 Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.