

FILED AUG 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **237865**

BIRTH NO. _____ REG. DIST. NO. **154** PRIMARY REG. DIST. NO. **5675** Registrar's No. **24**

1. PLACE OF DEATH
 a. COUNTY **Jackson**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
 c. LENGTH OF STAY (in this place) **30 YEARS**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **606 West 86th Terrace**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri**
 b. COUNTY **Jackson**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City - Rural**
 d. STREET ADDRESS (If rural, give location) **606 West 86th Terrace**

3. NAME OF DECEASED
 a. (First) **JOSEPH** b. (Middle) **JAMES** c. (Last) **Stinson, Jr.**
 4. DATE OF DEATH (Month) (Day) (Year) **July 20, 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **SEPT. 8. 1888** 9. AGE (In years last birthday) **61**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED MONTH. PATROLLER** 10b. KIND OF BUSINESS OR INDUSTRY **KANSAS CITY POWER & LIGHT CO.** 11. BIRTHPLACE (State or foreign country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JAMES FRANCIS Stinson** 13b. MOTHER'S MAIDEN NAME **EVELYN FIGHT** 14. NAME OF HUSBAND OR WIFE **Mrs. Mary J. Stinson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Mary J. Stinson** ADDRESS **606 W. 86th Terr. Kansas City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **Death by strangulation**
 ANTECEDENT CAUSES **Strangling**
 Morbid 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.
 INTERVAL BETWEEN ONSET AND DEATH **2974x**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Murder** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Kansas City Jackson Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **7-20 50 8:11A** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Self Inflicted**

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 **8:11A** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Dr. James H. Owen** 23b. ADDRESS **1034 Park Blvd** 23c. DATE SIGNED **7-21-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **JULY 22 1950** 24c. NAME OF CEMETERY OR CREMATORY **FORAL HILLS CEMETERY** 24d. LOCATION (City, town, or county) (State) **KANSAS CITY MISSOURI**

DATE REC'D BY LOCAL REG. **7/24/50** REGISTRAR'S SIGNATURE **Dr. James H. Owen** 25. FUNERAL DIRECTOR'S SIGNATURE **Dr. Owen's Home** ADDRESS **1331 Brush Creek Kansas City, Mo.**

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

AUG 2 RECD

APR 19 1962

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 _____

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Bernard L. Moran*

Licensed Embalmer No. *4250*

P. O. Address *NC 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.