

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41024

State File No. ....

FILED DEC 27 1950

5122

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Jackson</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL, and give township)<br>OR<br>TOWN <u>Kansas City</u>  |  | c. LENGTH OF STAY (in this place)<br><u>Lifetime</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Kansas City</u>  |  | d. STREET ADDRESS (If rural, give location)<br><u>5420 Rockhill Road</u>            |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5420 Rockhill Road</u>   |  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>5420 Rockhill Road</u>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Joseph</u><br>b. (Middle) <u>W. Sterner</u><br>c. (Last) _____  |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Dec. 2 1950</u> |  |  |   |  |
| 5. SEX <u>male</u>  |  | 6. COLOR OR RACE <u>white</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify)   |  | 8. DATE OF BIRTH<br><u>Sept. 8, 1922</u>  |  |
| 9. AGE (In years last birthday) <u>28</u>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____   |  | IF OVER 1 YEAR<br>Years _____ Months _____ Days _____  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Vice Pres. Sterner Co.</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Wholesale Plumbing</u>   |  | 11. BIRTHPLACE (State or foreign country)<br><u>Kansas City, Missouri</u>  |  |   |  |
| 13a. FATHER'S NAME<br><u>George A. Sterner</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Anna E. Marxen</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Mary Carol Sterner</u>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>yes W.W. II</u>  |  | 16. SOCIAL SECURITY NO.<br><u>none</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mary Carol Sterner 5420 Rockhill Rd. K.C.</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br><u>Auto Coronary Occlusion</u><br><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br><br>ANTECEDENT CAUSES<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>4201</u>                                 |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>natural</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) (Min.)  |  | 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 <u>Hugh H. Owens</u> (Degree or title) <u>3</u>  |  |  |  | 23b. ADDRESS <u>1034 Realto Bldg</u>   |  | 23c. DATE SIGNED <u>12-3-50</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE <u>12/5/50</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Missouri.</u>      |  |
| DATE REC'D BY LOCAL REG.<br><u>12-4-50</u>  |  | REGISTRAR'S SIGNATURE<br><u>Seraldine Holmes</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Melody-McGilley-Eylar K. C., Mo.</u>  |  |   |  |

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

DEC 29 1951

JAN 3 1951

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 Max W. Kirkendall

Licensed Embalmer No. 4632

P. O. Address K. C. 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.