.S. No. 300
ev. 10.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 1332

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 58

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

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, Mo.
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: ~~Olathe~~, Kans. b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Olathe
d. STREET ADDRESS (If rural, give location): R.R. #3

2150

**3. NAME OF DECEASED** (Type or Print): a. (First) William b. (Middle) B. c. (Last) Stifter

**4. DATE OF DEATH** (Month) 1 (Day) 5 (Year) 51

**5. SEX**: M O
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married
**8. DATE OF BIRTH**: 10/23/96
**9. AGE** (In years last birthday): 54 — 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): farmer
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Stanley, Kans.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Frank Stifter
**13b. MOTHER'S MAIDEN NAME**: Elizabeth Huber
**14. NAME OF HUSBAND OR WIFE**: Clementine Stifter

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Richard W. Stifter (son)

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Uremia — 3 days
DUE TO (c) Tetanus — 10 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fell & Broke Right Wrist — 11 days

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 815 E90 2/3
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm Barn
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Olathe Johnson Kansas
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 12-25-50 A m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: fell from haymow

22. *I hereby certify that I attended the deceased from* Dec 30, 1950, *to* Jan 5, 1951, *that I last saw the deceased alive on* Jan 6, 1951, *and that death occurred at* 10A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** John T. Skinner (Degree or title): John T. Skinner MD O
**23b. ADDRESS**: 1102 Grand K.C. MO
**23c. DATE SIGNED**: 1-5-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 1-5-51
**24c. NAME OF CEMETERY OR CREMATORY**: Wea Cemetery
**24d. LOCATION** (City, town, or county) (State): Wea, Kansas

**DATE REC'D BY LOCAL REG.**: 1-5-51
**REGISTRAR'S SIGNATURE**: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Martin W. Tiegel Olathe, Ks

(Licensed Embalmer's Statement on Reverse Side)

## 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 Martin W. Frye, working under my personal supervision.

Student Embalmer No.....

Signed Martin W. Frye

Signed.....
Student Embalmer

Licensed Embalmer No. 3615

P. O. Address Olathe Kansas

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.