

FILED APR 27 1951

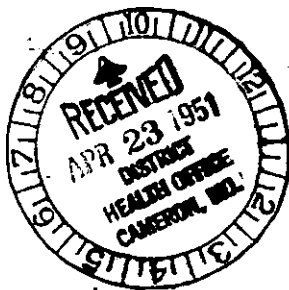
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12197
State File No.

BIRTH NO.		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4197		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY Gentry.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Gentry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry		c. LENGTH OF STAY (In this place) 6 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry		0380	
d. FULL NAME OF HOSPITAL OR INSTITUTION Graves Rest home.				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Mary Margaret. Stahlman.		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 3. 27. 1951	
5. SEX Female.		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June. 13. 1860	
9. AGE (In years last birthday) 90		10. MONTH (Day) (Year) 9/14		11. BIRTHPLACE (State or foreign country) Kansas City Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (State or foreign country) Kansas City Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. Simms		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Albert A. Stahlman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.		16. SOCIAL SECURITY NO. None.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Straussie Stahlman. King 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis general</u> DUE TO (c) <u>Sensitivity</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
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)		331X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 3, 1950, to 3.27.1951, that I last saw the deceased alive on 3-27, 1951, and that death occurred at 10 9 m., from the causes and on the date stated above.							
23a. SIGNATURE R. J. Milligan				23b. ADDRESS Stanberry Mo.		23c. DATE SIGNED 3.28.51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3.29.1951		24c. NAME OF CEMETERY OR CREMATORY King City		24d. LOCATION (City, town, or county) (State) King City Mo.	
DATE REC'D BY LOCAL REG. April 17-1951		REGISTRAR'S SIGNATURE E. L. Childs		25. FUNERAL DIRECTOR'S SIGNATURE R. J. Yagert		ADDRESS King City Mo.	

(Licensed Embalmer's 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

R. G. Tappert

Licensed Embalmer No. 2563

P. O. Address King 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.