

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12821**
Registrar's No. **1632**

FILED MAY 15 1951

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|---|----------------------------------|---|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>1632</u> | |
| 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>KANSAS CITY</u> | | c. LENGTH OF STAY (In this place) <u>2 WEEKS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>GRANDVIEW 0480</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KRESTWOOD MEDICAL HOSPITAL</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1 X</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ETHEL</u> | | b. (Middle) <u>FAY G.</u> | | c. (Last) <u>STANNARD</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL-12-1951</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>SEPT-15-1900</u> | 9. AGE (In years last birthday) <u>50</u> | | 10. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | | 11. BIRTHPLACE (State or foreign country) <u>BUTLER MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>ALBERT GLENN</u> | | 13b. MOTHER'S MAIDEN NAME <u>ELIZABETH JANE JURY</u> | | 14. NAME OF HUSBAND OR WIFE <u>ALBERT MOHR STANNARD</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. ----- | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ALBERT MOHR STANNARD GRANDVIEW, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Primary</u> <u>Adenocarcinoma</u> <u>Signmoid colon & distal</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Metastatic Carcinoma</u> <u>of Liver</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1950</u> <u>1950</u> <u>153X</u> | |
| 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>Nov. 12, 1950</u> , to <u>4/12</u> , 19 <u>51</u> that I last saw the deceased alive on <u>4/10</u> , 19 <u>51</u> , and that death occurred at <u>7:27A.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Lyle G. Willis</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>1515 Professional</u> | | 23c. DATE SIGNED <u>4/13/51</u> | |
| 24a. FUNERAL CREMATION (REMOVED) (Specify) | | 24b. DATE <u>APR. 14-1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>DAN HILL CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>BUTLER MISSOURI</u> | |
| DATE REC'D BY LOCAL REG. <u>4-14-51</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O. H. Newsum</u> <u>1331 BRUSH CREEK</u> <u>KANSAS CITY, MO.</u> | | | |

WRITE PLAINLY—USING UNEADING 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 _____

Licensed Embalmer No. 4702

P. O. Address Kansas 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.