

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20396**  
**2621**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <del>Kansas City</del> <b>Pattis 0830</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>		d. STREET ADDRESS (If rural, give location) <b>R 4 Parkville</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Don</b> b. (Middle) <b>CHARLES</b> c. (Last) <b>Stuteville</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 19 51</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Apr 20, 1895</b>
9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months <b>27</b> Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>	11. BIRTHPLACE (State or foreign country) <b>Iowa</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Charles Stuteville</b>	
13b. MOTHER'S MAIDEN NAME <b>Rachel Wright</b>		14. NAME OF HUSBAND OR WIFE <b>Renata May Stuteville</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>487-12-7921</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Herman Stuteville</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Coronary occlusion</b>		18. ADDRESS MO. <b>Parkville</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4201	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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 <b>June 19, 19 51</b> to <b>June 19, 19 51</b> that I last saw the deceased alive on <b>June 19, 19 51</b> and that death occurred at <b>11:15 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>B.I. Burns</b>		23b. ADDRESS <b>24th &amp; Cherry</b>	23c. DATE SIGNED <b>6-20-51</b>
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>22 June 51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>East Slope</b>	24d. LOCATION (City, town, or county) (State) <b>Parkville Mo.</b>
DATE REC'D BY LOCAL REG. <b>6-20-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter T. ...</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

*21*

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 *Harold L. Paxon*

Licensed Embalmer No. *3605*

P. O. Address *Palmyra, 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.

Affidavits containing ensuares will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri  
County of Jackson SS.

State File No. 20396.51  
Local Registrar's No. 2621

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 25<sup>th</sup> day of February, 1952, before me appears Penota May Stuteville, who, upon her oath, states that the original record of <sup>birth</sup> death for Don Charles Stuteville, died June 19, 1951, in the State of Missouri, and which was filed at J. C. Mo. on 6-20, 1951, should be corrected as follows:

- Item No. 3 should read DON CARLOS STATEVILLE  
Instead of DON CHARLES STATEVILLE
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
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Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Penota May Stuteville wife  
Relationship. \_\_\_\_\_  
Parkville Mo Route 4 Box 11  
Present Address.

Subscribed and sworn to before me this 25<sup>th</sup> day of February, 1952.

My Commission expires Oct. 21, 1955 Carrie M. Ruppelino Notary Public.