

FILED NOV 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33890
State File No. 4580

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

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 25 YEARS		d. STREET ADDRESS (If rural, give location) 5316 Michigan Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 221 PROSPER AVENUE HAZELWOOD NURSING HOME			

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) Estes c. (Last) C. Stigall			4. DATE OF DEATH (Month) (Day) (Year) Oct-24-1951		
---	--	--	---	--	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Dec 28, 1876	9. AGE (In years last birthday) 74	10. F UNDER 1 YEAR Months	11. F UNDER 1 YEAR Days	12. F UNDER 1 YEAR Hours	13. F UNDER 1 YEAR Min.
---------------	------------------------	--	-------------------------------	------------------------------------	---------------------------	-------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT Home	11. BIRTHPLACE (State or foreign country) Ray County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	---	--	----------------------------------

13a. FATHER'S NAME James Campbell	13b. MOTHER'S MAIDEN NAME MARTHA BRYANT	14. NAME OF HUSBAND OR WIFE Walter Stigall
-----------------------------------	---	--

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 MRS. HAZEL ROUSH 5316 MICHIGAN AVE. KANSAS 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arricular Fibrillation		INTERVAL BETWEEN ONSET AND DEATH 4 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral Stenosis		8 yrs
	DUE TO (c)		410K
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) (Minute)	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 10/11, 1943, to 10/24, 1951, that I last saw the deceased alive on 10/24, 1951, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE James D. Smith (Degree or title) M.D.	23b. ADDRESS 218 Prof. Bldg. KC Mo	23c. DATE SIGNED 10/25/51
--	------------------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT-27-1951	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
--	-----------------------	---	--

DATE REC'D BY LOCAL REG. 10-27-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO. W. H. Newcomer's Sons
-----------------------------------	--	--

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 *Raymond F. Hermann*
Licensed Embalmer No. *4266*

P. O. Address *Kennel 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.