

FILED NOV 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33893

State File No.

4509

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

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. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>60 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>4612 EAST 8TH STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4612 EAST 8TH STREET</u>		d. STREET ADDRESS (If rural, give location) <u>4612 EAST 8TH STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>STINGLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 20, 1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 17, 1862</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if unusual) <u>DEPT. MGR. (RETIRED)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SILK DEPARTMENT STORE PECK'S DEPT. STORE</u>	11. BIRTHPLACE (State or foreign country) <u>PETERSBURG, W. VIRGINIA</u>
13a. FATHER'S NAME <u>WELLINGTON H. STINGLEY</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET WELTON</u>	14. NAME OF HUSBAND OR WIFE <u>LENA MARGARET STINGLEY</u>

9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 15 MIN. Min.
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LENA M. STINGLEY</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. ADDRESS <u>4612 E. 8TH ST., K.C., MO.</u>		18. ADDRESS <u>4612 E. 8TH ST., K.C., 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Oct 16</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Decompensation</u>		<u>Oct 20</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>42</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) m.	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 Oct 16, 1951, to Oct 20, 1951, that I last saw the deceased alive on Oct 20, 1951, and that death occurred at 6:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. H. Crouch</u>	(Degree or title)	23b. ADDRESS <u>D. O. V. 2805 East 6th. KCMo</u>	23c. DATE SIGNED <u>Oct 20, 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct 22, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-22-51</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer's Sons</u>	
ADDRESS <u>1331 Brush Creek</u>		ADDRESS <u>Kansas City, Mo.</u>	

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Charles H. Steckney*

Licensed Embalmer No. *4560*

P. O. Address *K.C., 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.