

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34634

State File No. ....

FILED OCT 16 1951

BIRTH NO. .... REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5964 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <b>Platte</b>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before death, give institution.) a. STATE <b>MO</b> b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b>	
c. LENGTH OF STAY (If applicable) <b>16 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>2 mile N.W. Bell road.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 mile N.W. Parkville</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Rufye</b> b. (Middle) <b>Lillian</b> c. (Last) <b>Stinacker</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 25-1951</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Oct. 3, 1897</b>		9. AGE (In years last birthday) <b>53</b>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <b>11 22</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (State or foreign country) <b>St Joseph MO</b>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>James C Whitaker</b>		13b. MOTHER'S MAIDEN NAME <b>don't know</b>		14. NAME OF HUSBAND OR WIFE <b>Rudolph Stinacker</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>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rudolph Stinacker, Parkville</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary embolism</b>		ANTECEDENT CAUSES			<b>1 month</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>?</b>				
		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS		<b>Chlamydia - 1 month previous</b>				
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

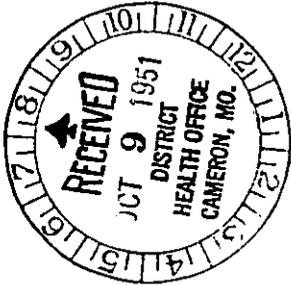
22. I hereby certify that I attended the deceased from 9/25, 1951, to 9/25, 1951, that I last saw the deceased alive on 9/25, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Evelyn Jennings, MD</b>		23b. ADDRESS <b>Carthage MO</b>		23c. DATE SIGNED <b>9-28-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 29-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Parkville, MO</b>	
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DATE REC'D BY LOCAL REG. <b>Sept 29-51</b>		REGISTRAR'S SIGNATURE <b>Alphiea Racina</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Leland H. Francis Parkville</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



JAN 21 1959

OCT 30 1951

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, by

working under my personal supervision.

Student Embalmer No. ....

Signed

*Leland H. Francis*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3451

P. O. Address Portkville, 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.