

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23912**

AUG 4 1952

(393)

REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3185**

1. PLACE OF DEATH a. COUNTY Chay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City North 4 mo.		c. LENGTH OF STAY (In this place) 4 mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION #116 Hawthorn Circle		d. STREET ADDRESS (If rural, give location) Stockton 19#2	
3. NAME OF DECEASED (Type or Print) a. (First) Rachel b. (Middle) Isabel c. (Last) Stoutamare		4. DATE OF DEATH (Month) (Day) (Year) July 12, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 11, 1883
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work during most of working life even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Cedar Co., Mo.
10a. CITIZEN OF WHAT COUNTRY? U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James G. Malcolm		13b. MOTHER'S MAIDEN NAME Franco McMillan Jacob Stoutamare	
14. NAME OF HUSBAND OR WIFE James G. Malcolm		15. NAME OF HUSBAND OR WIFE James G. Malcolm	
16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME Geraldine Taylor	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Bright's Disease INTERVAL BETWEEN ONSET AND DEATH 1 year ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 592X	
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 Mar. 8, 1942 , to July 12, 1952 , that I last saw the deceased alive on July 2, 1952 , and that death occurred at 8 P. M. from the causes and on the date stated above.			
23a. SIGNATURE W. D. Stipp, M.D. (Degree or title)		23b. ADDRESS 1905 Waldheim Rd., K.C. Mo. 7/16/52	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 14, 1952	
24c. NAME OF CEMETERY OR CREMATORY Cherry-Crofted F. H. Eldredge		24d. LOCATION (City, town, or county) (State) Mo.	
DATE REC'D BY LOCAL REG. 7-14-52		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE P. K. Blackman		ADDRESS G.C. 1700	

(Licensed Embalmer's Statement on Reverse Side)

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

1248
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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

James E. Hackleman

Licensed Embalmer No. *4573*

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.