

**THE DIVISION OF HEALTH OF THE STATE OF KANSAS
STANDARD CERTIFICATE OF DEATH**

35230

State File No.

4124

No. 300
50-48

FILED OCT 25 1952

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>Kansas</u> b. COUNTY <u>Nemaha</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Goff</u> 7156 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Walter</u>	b. (Middle) <u>William</u>	c. (Last) <u>Stohr</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 19 52</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>6/22/1894</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
------------------------------	---	---	---	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Standard Oil Distributor - self.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>self.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	--	--	--

13a. FATHER'S NAME <u>Michhale J. Stohr</u>	13b. MOTHER'S MAIDEN NAME <u>Fredireka, Kriers</u>	14. NAME OF HUSBAND OR WIFE <u>Lois Jamice Stohr</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Walter Stohr-Goff</u>	ADDRESS <u>Kansas</u>
---	--	---	---------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u>		
	ANTECEDENT CAUSES <u>Toxemia</u> <u>Carcinoma of Liver, primary site</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION <u>9/15/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoid necrosis with hemorrhaged liver</u>	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 9/12, 1952, to 9/19, 1952, that I last saw the deceased alive on 9/18, 1952, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. J. Mc Anally</u> (Degree or title)	23b. ADDRESS <u>926 E. 11th St. KC, Mo.</u>	23c. DATE SIGNED <u>9-19-52</u>
--	--	--

24a. BURIAL, CREMATION, OR REMOVAL	24b. DATE <u>9-19-52</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Goff Kansas</u>
---	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>9-19-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Butlers Funeral Home</u>	ADDRESS <u>71-c-Kans.</u>
--	--	---	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 30 1952

R-9

MAY 21 1953

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.