

FILED DEC 20 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42449
5331

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

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 town 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 7/12		d. STREET ADDRESS (If rural, give location) 500 E. 8 St. 3130	
d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital No. 1			

3. NAME OF DECEASED (Type or Print) a. (First) Lena		b. (Middle) Stallings		c. (Last) Stallings		4. DATE OF DEATH (Month) 12 (Day) 2 (Year) 52	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 4-24-1886	
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper		11. BIRTHPLACE (State or foreign country) Atchison, Kan.		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Chas. S. Stallings		13b. MOTHER'S MAIDEN NAME Sophie Riddleman		13c. NAME OF HUSBAND OR WIFE Greenup Melvin Stallings	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY "Wnk" NO.		17. INFORMANT'S SIGNATURE OR NAME Record Clerk: K.C. Gen. Hosp. #1	

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) Meningitis - non-epidemic.		II. OTHER SIGNIFICANT CONDITIONS Otitis media		3405	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Dec. 2, 1952, to Dec. 2, 1952, that I last saw the deceased alive on Dec. 2, 1952, and that death occurred at 5:30P m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title)		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 12-4-52	
24a. BURIAL CREMATION (REMOVAL) (Specify) Burial		24b. DATE 12-6-52		24c. NAME OF CEMETERY OR CREMATORY Woodlawn	
24d. LOCATION (Only used if crematory) Kansas City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE B.E. Weelut		ADDRESS K.C. 8, Mo.	
DATE REC'D BY LOCAL REG. 12-6-52		REGISTRAR'S SIGNATURE Geraldine Smith			

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

Handwritten marks in the top right corner, possibly initials or a date.

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.....

B. E. Willet

Signed.....
Student Embalmer

Licensed Embalmer No.....

4025

P. O. Address.....

R. C. S. W.

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.