

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10110

State File No. _____

1242

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>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) township) <u>1 month</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>8150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3002 Hutchings</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Tischer</u>	b. (Middle) <u>Boyd</u>	c. (Last) <u>Stough</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-28-53</u>
---	-------------------------	-------------------------	--

5. SEX <u>Male</u> <u>b</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 18, 1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hour	Min.
-----------------------------	-------------------------------	---	---	---	------------------------	----------------------	------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Katy R. R.</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>William Price Stough</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Blair</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Dora Stough, Wife</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>702-10-1291</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dora Stough, Kansas City, Kans.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arterio-sclerosis</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		332 X

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 1/31, 1953, to 2/28, 1953, that I last saw the deceased alive on 2/27, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Young</u> (Degree or title) <u>MD + M.D.O.</u>	23b. ADDRESS <u>1401 S. W. 23rd St. KC, Mo.</u>	23c. DATE SIGNED <u>2/28/53</u>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>2-28-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park, K.C.</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. Kansas</u>
--	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2-28-53</u>	REGISTRAR'S SIGNATURE <u>Heralding Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph A. Fulton, Kansas City, Kansas</u>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ralph Fulton

Licensed Embalmer No. 3035

P. O. Address H. C. A.

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.