

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

State File No. **21750**
2787

FILED JUN 23 1953

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

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 2 weeks		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Kansas City d. STREET ADDRESS (If rural, give location) 1034 E. 21st St.	
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3. NAME OF DECEASED a. (First) Lettie b. (Middle) E. c. (Last) Stallcup			4. DATE OF DEATH (Month) (Day) (Year) May 30 53		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH 3-4-73		9. AGE (in years last birthday) 80		10. KIND OF BUSINESS OR INDUSTRY own home	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work			11. BIRTHPLACE (City and State or Foreign Country) Forsythe, Missouri		
10b. KIND OF BUSINESS OR INDUSTRY own home			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME C. B. Stallcup		13b. MOTHER'S MAIDEN NAME Mary J. Colter		14. NAME OF HUSBAND OR WIFE Never married	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lester S. Clayton 1034 E. 21st	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of both feet					INTERVAL BETWEEN ONSET AND DEATH 4201	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)		
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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?	
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22. I hereby certify that I attended the deceased from May 17, 1953, to May 30, 1953, that I last saw the deceased alive on May 30, 1953, and that death occurred at 11:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title)		23b. ADDRESS 24th & Cherry Sts.		23c. DATE SIGNED 6/1/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/2/53		24c. NAME OF CEMETERY OR CREMATORY Rich Hill Cemetery		24d. LOCATION (City, town, or county) (State) Rich Hill, Missouri	
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DATE REC'D BY LOCAL REG. 6-2-53		REGISTRAR'S SIGNATURE Thelma Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earp & Sons 4139 Truman Rd. K.C., Mo.			
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

APR 22 1959

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 W. Eayz

Licensed Embalmer No. 4629

P. O. Address H.C. W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.