No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21836

BIRTH NO. FILED JUL 2 - 1953 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 259

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Kansas City~~ INDEPENDENCE
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Independence Sa itorium DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1600 Stark 7000

3. NAME OF DECEASED (Type or Print)
a. (First): Phyllis
b. (Middle): Virginia
c. (Last): Stumfoll

4. DATE OF DEATH (Month) (Day) (Year): June 22, 1953

5. SEX: Fem
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 11/19/1929
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Photo Service School
11. BIRTHPLACE (City and State or Foreign Country): Fall Leaf, Kans.
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Elwood Bevans
13b. MOTHER'S MAIDEN NAME: Hazel Mayhugh
14. NAME OF HUSBAND OR WIFE: Robert Stumfoll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 467-34-6398
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Elwood Bevans, 1033 Shawnee
ADDRESS: K C Kans

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Subarachnoid Hemorrhage
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* multiple abrasions

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 2
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-22-53 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell on brown out of car

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

22a. SIGNATURE (Degree or title): Hugh H. Owens Coroner
23b. ADDRESS: 1034 Rialto Bldg
23c. DATE SIGNED: 6-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/26/53
24c. NAME OF CEMETERY OR CREMATORY: Highland Park
24d. LOCATION (City, town, or county) (State): Kansas City Kns

DATE REC'D BY LOCAL REG.: 6-25-53
REGISTRAR'S SIGNATURE: James [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: SHEILS
ADDRESS: K.C Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 2 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 362

P. O. Address .....

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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