

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28749

4021

FILED AUG 27 1953

|   |  |  |  |   |  |   |   |  |
|---|--|--|--|---|--|---|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. _____   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> |  |   |   |  |
| b. CITY OR TOWN <u>KANSAS CITY</u>  |  | c. LENGTH OF STAY (in this place) <u>73 YEARS</u>  |  | c. CITY OR TOWN <u>KANSAS CITY</u>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5306 GARFIELD AVENUE</u>   |  |  |  | e. STREET ADDRESS (If rural, give location) <u>5306 GARFIELD AVENUE</u>   |  |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>STEPHEN</u> b. (Middle) <u>J.</u> c. (Last) <u>MANOLE</u>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-11-1953</u> |   |  |   |   |  |
| 5. SEX <u>MALE</u>  |  | 6. COLOR OR RACE <u>WHITE</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>   |  | 8. DATE OF BIRTH <u>DEC-26-1879</u>   |   |  |
| 9. AGE (In years last birthday) <u>73</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIROVOYAS EMPLOYEE</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MISSOURI</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |   |  |
| 13a. FATHER'S NAME <u>LOUIS MANOLE</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>MARY LEITNER</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>MRS. DAISY DEAN MANOLE</u>   |  |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>   |  | 16. SOCIAL SECURITY NO. <u>486-05-3896</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MARY T. BORCHERT</u> ADDRESS <u>2719 JACKSON KANSAS CITY MO</u>                                   |  |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Stenosis</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Pulmonary edema 1 day</u><br>DUE TO (c) <u>Chronic Myocarditis</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>unknown</u><br><br><u>4222</u> |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY?<br>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 <u>May</u> , 19 <u>44</u> , to <u>Aug 11</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Aug 11</u> , 19 <u>53</u> , and that death occurred at <u>10:00</u> m., from the causes and on the date stated above. |  |  |  |   |  |   |   |  |
| 23a. SIGNATURE <u>A. L. Stafford</u> (Degree or title) <u>M.D.</u>  |  |  |  | 23b. ADDRESS <u>1414 Polk Blvd. KC Mo</u>   |  | 23c. DATE SIGNED <u>8-12-53</u>   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>   |  | 24b. DATE <u>AUG-13-1953</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. St. Mary's Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>   |   |  |
| DATE REC'D BY LOCAL REG. <u>8-12-53</u>   |  | REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u> ADDRESS <u>1331 - BRUSH CREEK KANSAS CITY, MO.</u>                                    |  |   |   |  |

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

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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.....  
Signature of Student Embalmer

Signed *Albert L. Savage*.....

Licensed Embalmer No. *7812*.....

P. O. Address *Kansas*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.