

FILED DEC 23 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43194

~~Commons Copy~~

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5660

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) _____		d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>General Hospital</b>	
e. STREET ADDRESS (If rural, give location) <b>12 918 East 9th St.</b>		31380	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mrs. Elizabeth</b>		b. (Middle) _____	
c. (Last) <b>Stone Street</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 28 53.</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>7/20/1880</b>	
9. AGE (In years last birthday) <b>73</b>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <b>Addison N.Y.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>Patrick Flaherty</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Flynn</b>	
14. NAME OF HUSBAND OR WIFE <b>Henry Stonestreet</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Master Sgt. Henry Stonestreet—El Toro, Calif.</b>	
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) <b>Pulmonary edema, congestion, emphysema and atelectasis; Generalized arteriosclerosis with general viscera atrophy.</b> DUE TO (b) _____ DUE TO (c) <b>Arteriosclerotic heart disease</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>4200</b>	
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) (Min.) _____	
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 _____, 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.			
23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)		23b. ADDRESS <b>1034 Pinalto Bldg</b>	
23c. DATE SIGNED <b>12-3-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>12-2-1953.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Quirk &amp; Tobin Co. 20 W. Linwood Blvd.</b>	
DATE REC'D BY LOCAL REG. <b>12-1-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	

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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 *Laurent D. Gallenore*.....

Licensed Embalmer No. *4714*

P. O. Address *G. C. Mo.*

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.