

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19175

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2636

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Barry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Exeter - Rural</i>	
c. LENGTH OF STAY (in this place) <i>1 da - 11 hr</i>		d. STREET ADDRESS (If rural, give location) <i>R R 1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Children's Mercy Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>PATSY</i> b. (Middle) <i>Lee</i> c. (Last) <i>Stamps</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 10, 1954</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>child</i>	8. DATE OF BIRTH <i>Oct 25 1952</i>	9. AGE (In years last birthday) <i>1</i>	10. KIND OF BUSINESS OR INDUSTRY <i>child</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>child</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Cassville Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	

13a. FATHER'S NAME <i>Grayson Stamps</i>	13b. MOTHER'S MAIDEN NAME <i>Billie Hauer Stamps</i>	14. NAME OF HUSBAND OR WIFE
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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) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Grayson Stamps, Exeter Mo</i>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>laryngeal edema</i>		<i>10 min</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Anesthesia</i> DUE TO (c) <i>Cleft Palate</i>		<i>755X</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>Cerebral congestion</i>	<i>10 min</i>

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) (Min)	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 *6-8*, *1954*, to *6-10*, *1954*, that I last saw the deceased alive on *6-10*, *1954*, and that death occurred at *10:30 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Wayne Hart</i> (Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Mercy Hosp</i>	23c. DATE SIGNED <i>6-10-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>6-11-54</i>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <i>Wheaton Mo</i>
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DATE REC'D BY LOCAL REG. <i>6-11-54</i>	REGISTRAR'S SIGNATURE <i>Seraldine Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Boque Mortuary, Wheaton, Mo</i>	ADDRESS
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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 *John R. Sidman*
Licensed Embalmer No. *4531*
P. O. Address *Kansas City, 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 this body is not embalmed, fact should be so stated above.