

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23162**
3109

BIRTH NO. ---		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. ---
1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) LIFE	c. CITY OR TOWN KANSAS CITY	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 ST. MARY'S HOSPITAL		e. STREET ADDRESS (If rural, give location) 4314 MONTGALL AVENUE		
3. NAME OF DECEASED (Type or Print) a. (First) WILL b. (Middle) R c. (Last) STEARNES		4. DATE OF DEATH (Month) (Day) (Year) JULY 3, 1954		
5. SEX D	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 6, 1880	
9. AGE (In years) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAILIFF MUNICIPAL COURT		
10b. KIND OF BUSINESS OR INDUSTRY K.C. POLICE DEPT.		11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME EMORY STEARNES		13b. MOTHER'S MAIDEN NAME CORA KIRK		14. NAME OF HUSBAND OR WIFE LILLIAM STEARNES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-36-7347		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. LILLIAM STEARNES 4314 MONTGALL
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GASTROINTESTINAL HEMORRHAGE 3 da. INTERVAL BETWEEN ONSET AND DEATH 2 yrs +?		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUODENAL ULCER		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5410		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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)		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 6-30 , 19 54 , to 7-3 , 19 54 , that I last saw the deceased alive on 7-3 , 19 54 , and that death occurred at 3:12 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE James R. McVay (Degree or title) M.D.		23b. ADDRESS 814 Porter Bldg		23c. DATE SIGNED 7-5-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 6, 1954		24c. NAME OF CEMETERY OR-CREMATORY MT. MORIAH CEM.
24d. LOCATION (City, town, or county) (State) KANSAS CITY Mo.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. J. Newcomer 1331 BRUSH CREEK KANSAS CITY, MISSOURI		
DATE REC'D BY LOCAL REG. 7-6-54		REGISTRAR'S SIGNATURE Geraldine Smith		

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.....
Signature of Student Embalmer

Signed..... *Chester K. Brown*

Licensed Embalmer No. *49*

P. O. Address *K.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.