

FILED SEP 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. 30844

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1062 Registrar's No. 4100

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) Kansas City		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"/>
c. LENGTH OF STAY (In this place) 41 days		e. STREET ADDRESS (If rural, give location) 1101 E 11th St. 3168	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Medical Center			

3. NAME OF DECEASED (Type or Print) a. (First) Orville		b. (Middle) R.		c. (Last) Stanley		4. DATE OF DEATH (Month) (Day) (Year) 8 25 54	
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH July 4 1883		9. AGE (In years last birthday) 69 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright		10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (City and State or Foreign Country) Grant City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Don Stanley		13b. MOTHER'S MAIDEN NAME Roslin Boyles		14. NAME OF HUSBAND OR WIFE Maud Stanley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or date of service) No None		16. SOCIAL SECURITY 495-03-1014		17. INFORMANT'S SIGNATURE OR NAME Mrs. O. R. Stanley ADDRESS K.C. Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Hyperpyrexia		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) Cerebral Vasculature Thrombosis		DUE TO (c) Cerebral Malacia + Sclerosis			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		Chronic Hyperpyrexia 332X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 Jan 1944 to 8-25 1954, that I last saw the deceased alive on 8-25 1954 and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE L. M. Shapiro (Degree or title) of		23b. ADDRESS 701 E 13 St. 201		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 28, 1954		24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cem.	
				24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	

DATE REC'D BY LOCAL REG. 8-26-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Forster Funeral Home ADDRESS K.C. Mo.	
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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.....  
Signature of Student Embalmer

Signed *Joe B Yoder*.....  
Licensed Embalmer No. *447*.....  
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.