

FILED FEB 8 - 1955

STANDARD CERTIFICATE OF DEATH

1303
State File No. 283

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 KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		STREET ADDRESS (If rural, give location) 5415 FAIRWAY ROAD	

3. NAME OF DECEASED (Type or Print) a. (First) MAUDE b. (Middle) GERTRUDE c. (Last) STUCK			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 18 - 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH APRIL 23 - 1882	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EXECUTIVE	10b. KIND OF BUSINESS OR INDUSTRY WESTERN TYPE PRINTING COMPANY	11. BIRTHPLACE (City and State or Foreign Country) CARROLL COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME ENOS DEARDORFF	13b. MOTHER'S MAIDEN NAME LIBBIE WELCH	14. NAME OF HUSBAND OR WIFE HARVEY S. STUCK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 487-05-5973	17. INFORMANT'S SIGNATURE OR NAME SANFORD W. STUCK	ADDRESS 2303 WEST 29TH ST. KANSAS CITY, 3 KANSAS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma, Cerebellum		INTERVAL BETWEEN ONSET AND DEATH 3 WKS.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Colon.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Carcinoma of lungs + liver.		3 yrs.

19a. DATE OF OPERATION 9-16-52	19b. MAJOR FINDINGS OF OPERATION Carcinoma, Spline Flexure of Colon (Removed).	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)	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 9-16, 1952, to 1-18, 1955, that I last saw the deceased alive on 1-18, 1955, and that death occurred at 2:45P m., from the causes and on the date stated above.

23a. SIGNATURE E. A. Wilkinson (Degree or title) M.D.	23b. ADDRESS 1332 Professional Bldg.	23c. DATE SIGNED 1-19-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE JAN 21 - 1955	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 1-21-55	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE A.H. Newcomer's Sons	ADDRESS 1331 - BRUSH CREEK KANSAS CITY 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 *Edward M. Stor*.....

Licensed Embalmer No. *445*.....

P. O. Address *Kelilo*.....

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.