

STANDARD CERTIFICATE OF DEATH

4189

State File No. ....

FILED MAR 9 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5224 Registrar's No. 19

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

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (or outside corporate limits, write RURAL and give county) OR TOWN <u>Rural Grand River Twp</u>		c. CITY OR TOWN <u>Harrisonville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 mo</u>		e. STREET ADDRESS (If rural, give location) <u>7 mi S.W. of Harrisonville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 mi S.W. of Harrisonville</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LERA</u>	b. (Middle) <u>EDITH</u>	c. (Last) <u>STAHL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 2 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct 4 - 1877</u>	9. AGE (in years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	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) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or foreign country) <u>Casper Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John H. Thomas</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Rooted</u>	14. NAME OF HUSBAND OR WIFE <u>Blair Emmert Stahl</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John W. Stahl, Ottumwa Mo</u>	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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cocciemia of bladder &amp; general</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Abdominal tuberculosis</u>		
	DUE TO (c) _____		
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 type="checkbox"/> NO <input checked="" 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) <u>181X</u>
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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 July 7, 1954, to 3-2-1955, that I last saw the deceased alive on 3-1-1955, and that death occurred at 4 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward S. Jones, M.D.</u>	23b. ADDRESS <u>Harrisonville, Mo</u>	23c. DATE SIGNED <u>3-3-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 4-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Syracuse Mo</u>
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DATE REC'D BY LOCAL REG <u>Mar 3, 1955</u>	REGISTRAR'S SIGNATURE <u>Dora Barward</u>	457	FUNERAL DIRECTOR'S SIGNATURE <u>Burien Byers</u>	ADDRESS <u>Harrisonville Mo</u>
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MAR 9 1955

RECEIVED  
MAR 7 1955  
COUNTY  
HEALTH DEPARTMENT

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..... Ernest Remmenburg

Licensed Embalmer No. 3368

P. O. Address Harrison

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.