

FILED MAR 15 1955
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4230**
673

BIRTH NO. **15379** REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. **673**

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY NORTH LIFE		c. CITY OR TOWN KANSAS CITY NORTH	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)		STREET ADDRESS (If rural, give location) 5088 108 5357 N. BENNINGTON 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5357 N. BENNINGTON			
3. NAME OF DECEASED (Type or Print) a. (First) CYNTHIA b. (Middle) ANN c. (Last) STOCK		4. DATE OF DEATH (Month) (Day) (Year) Feb 13 1955	
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH Dec 17, 1954
9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months 1 Days 26 IF UNDER 24 HRS. Hours Min. 		11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MO	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY 	
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME JAY R. STOCK		13b. MOTHER'S MAIDEN NAME MARY ANN Presko	
14. NAME OF HUSBAND OR WIFE 			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 		16. SOCIAL SECURITY NO. 	
17. INFORMANT'S SIGNATURE OR NAME JAY R. STOCK		ADDRESS 5357 N. BENNINGTON	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural - Unknown		INTERVAL BETWEEN ONSET AND DEATH 7955	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) 	
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 checked="" 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 19 , to , 19 , that I last saw the deceased alive on 19 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE O. S. Pate (Degree or title) 3		23b. ADDRESS North Kansas City	
23c. DATE SIGNED 2/13/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-15-55	
24c. NAME OF CEMETERY OR CREMATORY White Chapel Cem		24d. LOCATION (City, town, or county) (State) Clay Co. Missouri	
DATE REC'D BY LOCAL REG. 2-14-55		REGISTRAR'S SIGNATURE Neva Minshall	
25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer		ADDRESS John H. K. C. Mo.	

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 *Glenn D. Hill*.....

Licensed Embalmer No... 458...

P. O. Address *K.C. 16, 72*

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.