

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5117

516

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 town) KANSAS CITY		c. LENGTH OF STAY (in this place) (Type or Print) 32 YEARS		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"/> 3068			
d: FULL NAME OF HOSPITAL OR INSTITUTION 343 SOUTH DRURY AVE. N				STREET ADDRESS (If rural, give location) 343 SOUTH DRURY AVENUE					
3. NAME OF DECEASED (Type or Print) a. (First) ALPHA			b. (Middle)			c. (Last) STALCUP		4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 2 1955	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUGUST 31 1874		9. AGE (In years last birthday) 80 if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during 2 years of working life, even if retired) RETIRED STEAMSTRESS			10b. KIND OF BUSINESS OR INDUSTRY FURNITURE ROBERT Keith's			11. BIRTHPLACE (City and State or Foreign Country) MONROE COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME THOMAS FORD			13b. MOTHER'S MAIDEN NAME FANNIE FOSTER			14. NAME OF HUSBAND OR WIFE ISAAC STALCUP			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 487-09-6023		17. INFORMANT'S SIGNATURE OR NAME MRS. LYNDA L STALCUP				ADDRESS 420 S. DENVER, K.C.MO.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Arterio sclerosis DUE TO (b) Arterio sclerosis DUE TO (c) Diabetes II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH  391X	
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) m.		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 Dec 1, 1954, to Feb 2, 1955, that I last saw the deceased alive on Feb 1, 1955, and that death occurred at 12:01 p.m., from the causes and on the date stated above.									
23a. SIGNATURE R. A. Williams (Degree or title) M.D.				23b. ADDRESS 5400 S + Johnson MO		23c. DATE SIGNED 2/2/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE FEB. 4. 1955		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY		24d. LOCATION (City, town, or county) (State) SHELBYNA MISSOURI			
DATE REC'D BY LOCAL REG. 2-4-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE H. Newcomer's Son, Kansas City, Mo.		ADDRESS 1331 BRUSH CREEK			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
R. A. Williams

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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 *Albert L. Savage*

Licensed Embalmer No. *48*

P. O. Address *Kansas*

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.