

5311

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 2 1955

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Kansas b. COUNTY Cherokee	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (In this place) 17 days c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Galena 8150	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) Front & Galena Ave. 8	
3. NAME OF DECEASED (Type or Print) a. (First) Ray b. (Middle) Stunkard c. (Last) Stunkard			4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1955
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Feb. 15, 1889
9. AGE (In years, last birthday) 66 yrs		9. AGE (In years, last birthday) 66 yrs	9. AGE (In years, last birthday) 66 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) Galena, Kansas /
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Ella Stunkard		14. NAME OF HUSBAND OR WIFE Unknown	
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. 614-12-9535	17. INFORMANT'S SIGNATURE OR NAME Mrs. G. H. Brown ADDRESS Joplin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Ca Lentic ANTECEDENT CAUSES Ca Sigmoid 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		153X	
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)	
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 Feb 3, 1955 to Feb 25, 1955 , that I last saw the deceased alive on Feb 25, 1955 , and that death occurred at 12:42 Am. , from the causes and on the date stated above.			
23a. SIGNATURE O. S. Davis MD (Degree or title)		23b. ADDRESS Galena Kans	
23c. DATE SIGNED 2/25/55		23d. ADDRESS Galena, Kansas (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/25/55 138	
24c. NAME OF CEMETERY OR CREMATORY Oakhill		24d. LOCATION (City, town, or county) (State) Galena, Kansas	
DATE REC'D BY LOCAL REG. 2-25-55		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Jeter Galena, Kans. ADDRESS	

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

(Licensed Embalmer's Statement on Reverse Side)

County File Number 00-3-137
Date Recd. MAR 1 - 1955

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Steve Parker

Signed.....
Student Embalmer

Licensed Embalmer No. 2548

P. O. Address Joplin 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 this body is not embalmed, fact should be so stated above.