

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 25 1955

State File No. **12171**
1484

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>	c. LENGTH OF STAY (If this place township) <u>4 days</u>	c. CITY OR TOWN <u>Cainsville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>		STREET ADDRESS (If rural, give location) <u>0, 410</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>	b. (Middle) <u>Ethel</u>	c. (Last) <u>Stallsworth</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 3, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb. 26, 1903</u>
9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Catoosia, Oklahoma</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Thomas Horn</u>	13b. MOTHER'S MAIDEN NAME <u>Mattie Chappin</u>	14. NAME OF HUSBAND OR WIFE <u>Forrest Stallsworth</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Forrest Stallsworth</u> ADDRESS <u>Cainsville, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary thrombosis</u>		<u>10 minutes</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>surgical repair Ventral hernia.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5603</u>	

19a. DATE OF OPERATION <u>April 1, 55</u>	19b. MAJOR FINDINGS OF OPERATION <u>large Ventral hernia.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 March 1955 to Apr 3, 1955, that I last saw the deceased alive on April 3, 1955, and that death occurred at 1:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clair Coleman</u> (Degree or title)	23b. ADDRESS <u>5811 Truman Rd</u>	23c. DATE SIGNED <u>April 3, 55</u>
24a. BURIAL (REMOVAL) <u>Funeral</u>	24b. DATE <u>4/3/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cainsville Cem</u>
24d. LOCATION (City, town, or county) (State) <u>Cainsville Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert R. G. Smith</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>4-3-55</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	

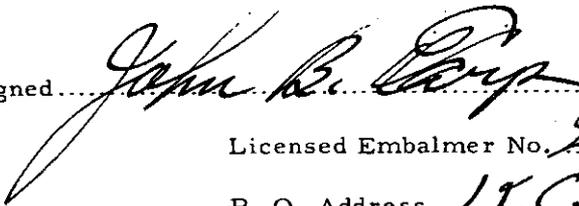
(Licensed Embalmer's Statement on Reverse Side)

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..... 
Licensed Embalmer No. 29
P. O. Address I.C. 9

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.