

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12183

1635

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1635</u>				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>8 yrs.</u>		c. CITY OR TOWN <u>Kansas City</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>3722 Agnes</u>				STREET ADDRESS (If rural, give location) <u>56 3722 Agnes 3568</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>			b. (Middle) <u>Irlane</u>		c. (Last) <u>Stoup</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-10-55</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child 0</u>		8. DATE OF BIRTH <u>7-26-46</u>		9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____	Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo. 0</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Leon Stoup</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Weinstein</u>			14. NAME OF HUSBAND OR WIFE <u>—</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leon Stoup</u>			ADDRESS <u>Home</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral-Vascular change</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post-measles Encephalitis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Patient was ill for 2 years following measles, neuro muscular atrophy & spastic</u>				INTERVAL BETWEEN ONSET AND DEATH <u>0850</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 <u>11-11</u> , 19 <u>54</u> , to <u>4-10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-8</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE <u>C. H. Morgan</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>2105 Independence</u>			23c. DATE SIGNED <u>4/11/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-11-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>4-12-55</u>		REGISTRAR'S SIGNATURE <u>Neve Minshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Fun'l Home</u>		ADDRESS <u>K.C. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

5501
0383

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..... *A. L. Louis*

Licensed Embalmer No. *3111*

P. O. Address *K. C. Me*

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.