

# STANDARD CERTIFICATE OF DEATH

State File No. 29740

Registrar's No. 4050

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>	c. LENGTH OF STAY (in this place) <u>29 Days</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>Children's Mercy Hospital</u>		STREET ADDRESS (If rural, give location) <u>3012 Jackson 334 1/2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Larry Eugene</u> b. (Middle) <u>Stammack</u> c. (Last) <u>Stammack</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 16 1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>5-14-48</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Dunnegun, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Marion Stammack</u>	13b. MOTHER'S MAIDEN NAME <u>Dicie Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dicie Johnson Butler</u> ADDRESS <u>3012 Jackson, K.C. 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2.8 days.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Brain Abscess - septicemia</u>		
	DUE TO (c) <u>Probably due to multiple boils (infection)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>14th Sept</u>	19b. MAJOR FINDINGS OF OPERATION <u>Brain Abscess in the Temporal Region - Drainage</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 8-18, 1955, to 9-16, 1955; that I last saw the deceased alive on 9-16, 1955, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wayne Hart</u> (Degree or title) _____	23b. ADDRESS <u>1710 Independence, K.C. Mo.</u>	23c. DATE SIGNED <u>9-16-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9/16/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bolner Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Bolner Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-17-55</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bruce &amp; Blue F.H.</u> ADDRESS <u>Bolner, Mo.</u>
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(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 *Harold E. Kahl*.....

Licensed Embalmer No. *460*

P. O. Address *Judys. M.*

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.