

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 9335  
918

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY -- <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a: STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>35 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		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 <b>Queen of the World</b>				e. STREET ADDRESS (If rural, give location) <b>40 2843 Park 3480</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harvey.</b>			b. (Middle)		c. (Last) <b>Stovall</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2/27/56</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 8, 1890</b>		9. AGE (In years) (last birthday) <b>65 yrs.</b>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Custodian</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>West Mortgage Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Red Fork, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Smith Stovall</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Delia Stovall</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Delia Stovall 2843 Park</b>					
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) <b>Myocardial infarction</b> (b) <b>hypertension</b> (c) <b>Menia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension</b> DUE TO (c) <b>Menia</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>446+</b>	
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 <u>2-11-56</u> , 19 <u>56</u> , to <u>2-27-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-26-56</u> , 19 <u>56</u> and that death occurred at <u>3:30 AM</u> from the causes and on the date stated above.									
23a. SIGNATURE <b>Royall B. Fleming</b> (Name of State) <b>Mo</b>				23b. ADDRESS <b>1433 E 19th</b>		23c. DATE SIGNED <b>2-29-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/1/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Lawn</b>		24d. LOCATION (City, town, or county) (State) <b>Kans. City, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>3-1-56</b>		REGISTRAR'S SIGNATURE <b>vera munsell</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter Brothers 18th &amp; Benton</b>					

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1-25-311

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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 *Bruce Q. Watkins*.....

Licensed Embalmer No... *75*.....

P. O. Address... *18th St*.....

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