

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13505

State File No. ....

1532

FILED APR 25 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1532

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</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"/>
c. LENGTH OF STAY (In this place) <b>31 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>5613 E 33 St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5613 E 33 St.</b>		<b>5613 E 33 St</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Marie</b>	b. (Middle) <b>Elizabeth</b>	c. (Last) <b>Stanley</b>	<b>4</b>	<b>4</b>	<b>56</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4/13/96</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>11</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Houswife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Keyesville Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>

13a. FATHER'S NAME <b>John W Euning</b>	13b. MOTHER'S MAIDEN NAME <b>Narssie Wheeler</b>	14. NAME OF HUSBAND OR WIFE <b>John H Stanley</b>
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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>496-24-3361</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John H Stanley</b>	ADDRESS <b>5613 E 33 St</b>
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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) <b>Acute Cerebral Thrombosis</b>		<b>1 day</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes Mellitus</b> DUE TO (c) <b>Cardio-renal-vascular disease</b>		<b>10 years</b> <b>6 months</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>260x</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from March 15, 1956, to April 4, 1956, that I last saw the deceased alive on April 3, 1956 and that death occurred at 10:00 AM, from the causes and on the date stated above.

23a. SIGNATURE <b>Carl T. Moore</b> (Degree or title) <b>D.O.</b>	23b. ADDRESS <b>6425 E 37th K.C. Mo.</b>	23c. DATE SIGNED <b>4-7-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/9/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>
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DATE REC'D BY LOCAL REG. <b>4-9-56</b>	REGISTRAR'S SIGNATURE <b>neva minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Manlove &amp; Williams</b>	ADDRESS <b>1729 Lydia</b>
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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 *J. J. Marlowe*

Licensed Embalmer No. *399*

P. O. Address *3712 E 30*

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.