No. 300
10.48

FILED JUN 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16616

BIRTH NO. _____ REG. DIST. NO. 148 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2150

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 54 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: 19 Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 3822 East 9th, Terr

3149

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): H.
c. (Last): Stitziel

4. DATE OF DEATH (Month) (Day) (Year): 5/16/56

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 9th, 1902
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heat Treater-Sheffield Steel Mill
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Kansas City Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Frank A. Stitziel
13b. MOTHER'S MAIDEN NAME: Mahala Tomlison
14. NAME OF HUSBAND OR WIFE: Gladys Stitziel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 486-07-8306
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Gladys Stitziel 3822E.9th,St.Ter

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Extradural Clot, Post op
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Pulmonary Congestion
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*: 3rd Nerve Paralysis, left and spinal fluid changes ~~(Cause undetermined as yet)~~ (n.m.o.)

INTERVAL BETWEEN ONSET AND DEATH: E950X 46

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Negative Exploration (Craniotomy)
20. AUTOPSY? YES [X] NO [ ]

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): 123
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-28, 1956, *to* 5-16, 1956, *that I last saw the deceased alive on* 5-15, 1956, *and that death occurred at* 5:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Donald F. Coburn (Degree or title): Donald F. Coburn M.D.
23b. ADDRESS: 411 Nichols Road KC12 Mo
23c. DATE SIGNED: 5-17-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/18/56
24c. NAME OF CEMETERY OR CREMATORY: Mt. Washington Cem.
24d. LOCATION (City, town, or county) (State): Kansas City Mo.

DATE REC'D BY LOCAL REG.: 5-17-56
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: E4Rp & Sons Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John B. Carp

Licensed Embalmer No. 29

P. O. Address N.C.

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