

FILED JUL 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

20740

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2584

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, institution) HOSPITAL OR INSTITUTION Wynn Rest Home 2905 Forest		Length of stay in 1b 20 yrs.	d. STREET ADDRESS 3538 Baltimore		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Arthur Stinson			4. DATE OF DEATH Month 6 Day 10 Year 56		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1, 1904	9. AGE (In years last birthday) 52 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Atlanta, Georgia		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William STINSON			14. MOTHER'S MAIDEN NAME UNKN.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. 493-12-0028	17. INFORMANT Address Henry Stinson 3538 Baltimore		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO (b) Arterial Hypertension DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Burn of Chest					INTERVAL BETWEEN ONSET AND DEATH 33 1/2
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Clothes caught on fire while smoking cigarette		20c. TIME OF INJURY Hour 5:30 Month May Day 1956 p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) In bed at home 1210 Jackson Mo.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5/28 April 1956 to June 1956 and last saw him alive on 6/8/56 . Death occurred at 5:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE L. S. Daigle, M.D.			22b. ADDRESS 2122 Turner Rd		22c. DATE SIGNED 6/11/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/14/56	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge, Lawn		23d. LOCATION (City, town, or county) KANS. City, Missouri
24. FUNERAL DIRECTOR Watkins Bros., 18th & Benton			25. DATE RECD. BY LOCAL REG. 6-12-56		26. REGISTRAR'S SIGNATURE Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L. S. Daigle

MEDICAL CERTIFICATION

Coroner cannot certify to or death due to natural causes. diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Dingle

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bruce R. Watkins*

Licensed Embalmer No.....

P. O. Address *184*

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.