

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 16 1956

27272

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 348

1. PLACE OF DEATH a. COUNTY <u>Jackson</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 town) <u>Independence</u>	c. LENGTH OF STAY (in this place) <u>30</u>	c. CITY OR TOWN <u>Independence</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>Independence Sanitarium</u>		e. STREET ADDRESS (If rural, give location) <u>815 W. Maple</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Stahl</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. - 5 - 56</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-17-88</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY <u>Funeral Director</u>	9. AGE (In years last birthday) (Under 1 year) (Months) (Days) (Hours) (Min.) <u>67</u> <u>0</u> <u>20</u> <u>0</u>
10a. USUAL OCCUPATION		11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Henry Stahl</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Weischendorff</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Stahl</u>
---------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-42-6245</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wanda Morrow</u> ADDRESS <u>1220 E. Armour Blvd. K.O.M.O.</u>
--	--	--

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 <u>2 1/2 hrs</u> <u>10 days</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Encephalomalacia</u> DUE TO (c) <u>Hypertensive Cardiovascular disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>443x</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 7/23, 1956, to 8/5, 1956, that I last saw the deceased alive on 8/5, 1956, and that death occurred at 11:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James E. Lusk, M.D.</u>	23b. ADDRESS <u>10901 W. Winner Rd., Judd, Mo</u>	23c. DATE SIGNED <u>8/7/56</u>
---	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-8-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. <u>8-8-56</u>	REGISTRAR'S SIGNATURE <u>James E. Lusk</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry W. Stahl</u> ADDRESS <u>Independence Mo.</u>
--	--	--

(Licensed Embalmer's Statement on Reversed Side)

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

354

32-100A

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 *Relie Kessel*.....

Licensed Embalmer No. *4690*

P. O. Address *K.C. Mo*

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.

H