

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1956

State File No. **31061**

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 398

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, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Independence
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. San. & Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 3219 South Crysler	

3. NAME OF DECEASED (Type or Print)	a. (First) MAE	b. (Middle)	c. (Last) STELLWAGEN	4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 8, 1884	9. AGE (in years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) New York, New York	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Schenyak	13b. MOTHER'S MAIDEN NAME Anna Chevréus	14. NAME OF HUSBAND OR WIFE Henry Stellwagen
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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) No	16. SOCIAL SECURITY NO. 089-01-5134D	17. INFORMANT'S SIGNATURE OR NAME Walter Stealwagen	ADDRESS Indep, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Immediate
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		
	DUE TO (c)		
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"/>
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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 3-8, 1954, to 9-6, 1956, that I last saw the deceased alive on July, 1956, and that death occurred at 11:30P m., from the causes and on the date stated above.

22a. SIGNATURE Dr. J. J. Hammar (Degree or title)	22b. ADDRESS 300 S. Liberty - Indep Mo	22c. DATE SIGNED 9-7-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/8/56	24c. NAME OF CEMETERY OR CREMATORY Holt Road Cem.	24d. LOCATION (City, town, or county) (State) West Bury, Long Island
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DATE REC'D BY LOCAL REG. 9-8-56	REGISTRAR'S SIGNATURE James K. K...	25. FUNERAL DIRECTOR'S SIGNATURE Walter J. K...	ADDRESS Indep. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Alison S. Lepley*.....

Licensed Embalmer No. 4225.....

P. O. Address Indep... 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.