

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8917

STATE FILE NUMBER

FILED MAR 20 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1009

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, give TOWNSHIP only) OR TOWN <u>KANSAS City</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4325 EAST 55th St.</u>			Length of stay in 1b/ <u>65 yrs</u>	d. STREET ADDRESS <u>4325 EAST 55th St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ESTELLA</u> Middle <u>EUELINE</u> Last <u>STEITZ</u>				4. DATE OF DEATH <u>MARCH-3-1957</u> Month Day Year			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JUNE 25, 1876</u>	9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and state or country) <u>El Dorado, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JESSE DAY</u>				14. MOTHER'S MAIDEN NAME <u>MARY Elizabeth</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>NONE</u>	17. INFORMANT <u>David L. Anthony</u> Address <u>2309 East 65th PEAR. MISSOURI</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3-4 da</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>Diabetes</u>		DUE TO (c) <u>Hypertension</u>		10 yrs 15 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>Oct 1 -</u> , to <u>56-3-2-57</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>Feb 20-57</u> V Death occurred at <u>9:30p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Frank B. Wallace MD</u>				22b. ADDRESS <u>1001 Romney Rd</u>		22c. DATE SIGNED <u>3/4/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>3-5-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BROOKINGS CEMETERY</u>		23d. LOCATION (City, town, or county) <u>RAYTOWN</u>		STATE <u>MISSOURI</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWSOMER, JR.</u> ADDRESS <u>1331 K.P. Mo. BRUSH CREEK Blvd</u>			25. DATE RECD. BY LOCAL REG. <u>3-4-57</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Frank B. Wallace

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use "only standard momentary in time" - no symptoms with reference to diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Nov 1, 1965

STATEMENT BY LICENSED EMBALMER

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

Student.....  
Signature of Student Embalmer

Signed *Raymond M. Hardy*

Licensed Embalmer No. *49*

P. O. Address *Indep.*

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.