

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8920

FILED MAR 26 1957

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1167

Health, Welfare, Public Service
300
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. No standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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, give location) HOSPITAL OR INSTITUTION 2900 Park		Length of stay in 30yrs	d. STREET ADDRESS 2900 Park		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SMITH Middle STOVALL Last STOVALL			4. DATE OF DEATH Month March Day 9 Year 1957		
5. SEX 2 male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-10-1897	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) custodian		10b. KIND OF BUSINESS OR INDUSTRY Low Midland Theatre	11. BIRTHPLACE (City and state or country) Stuttgart, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Smith Stovall			14. MOTHER'S MAIDEN NAME Mariah Robinson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI		16. SOCIAL SECURITY NO. 495-05-5803	17. INFORMANT Address Maggie Stovall 2900 Park		
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia (Terminal) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Metastatic carcinoma Primary site lung. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 1999					INTERVAL BETWEEN ONSET AND DEATH
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 12-28-56 , to March 9th 1957 at saw her alive on March 7-57 Death occurred at 11:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Royall B. Fleming, MD (Degree or title)			22b. ADDRESS 1433 E-19th St		22c. DATE SIGNED 3/11/57 (State)
23a. BURIAL-CREATION-REMOVAL (Specify) Burial	23b. DATE 3/13/57	23c. NAME OF CEMETERY OR CREMATORY Lee's Summitt, Mo.		23d. LOCATION (City, town, or county) (State) Lee's Summitt, Mo.	
24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Fn. Hm. 18th Benton			25. DATE RECD. BY LOCAL REG. 3-12-57	26. REGISTRAR'S SIGNATURE new Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Royall B. Fleming

no 2-6341

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 *Bruce B. Watkins*

Licensed Embalmer No.

P. O. Address *1524 V.*

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.