S. No. 300
Rev.—10.46

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 16 1957

State File No. 13443

1510

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menorah Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN: Holden
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): North Holden, Mo

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3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle): MAY
c. (Last): STUMPFF

4. DATE OF DEATH (Month) (Day) (Year): March 30 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 12-23-1869
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 3 Days 6 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): GRUNDY Co MO
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: DAVID STAHL
13b. MOTHER'S MAIDEN NAME: ALICE ELLIOTT
14. NAME OF HUSBAND OR WIFE: LON STUMPFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ✓ ✓
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Louis Hanes
ADDRESS: Holden, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 8 Mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): _____

DUE TO (c): _____

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gen Arteriosclerosis

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: _____
20. AUTOPSY? YES ☐ NO ☒

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): _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: _____
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: _____

22. *I hereby certify that I attended the deceased from* July, 1956, *to* March 29, 1957, *that I last saw the deceased alive on* March 27, 1957, *and that death occurred at* 12:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Kelly Rawlins (Degree or title): Kelly Rawlins M.D.
23b. ADDRESS: Holden Mo
23c. DATE SIGNED: 3/30/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 31 1957
24c. NAME OF CEMETERY OR CREMATORY: PEMBERTON CEM
24d. LOCATION (City, town, or county) (State): HOLDEN MO

DATE REC'D BY LOCAL REG.: 3-30-57
REGISTRAR'S SIGNATURE: Neva Meinshall
25. FUNERAL DIRECTOR'S SIGNATURE: Canaday & Rose
ADDRESS: Holden Mo

(Licensed Embalmer's Statement on Reverse Side)

KP 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M. L. Canaday

Licensed Embalmer No. 3437

P. O. Address Holden, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.