Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-004861
STATE FILE NUMBER

FILED MAR 11 1958

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY OR TOWN Liberty — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) I.O.O.F. Hospital — Length of stay in Ib 3 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Clay
c. CITY OR TOWN North Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 826 E. 23 Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Johanna Middle Catherine Last Stolfuss
4. DATE OF DEATH Month Feb Day 23 Year 58

5. SEX Fe
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Aug 8-1868
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Milwaukee Wis
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ben H. Schultheis
13b. MOTHER'S MAIDEN NAME Cathlena Lohaus
14. NAME OF HUSBAND OR WIFE Robt. Stolfuss (Dece)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT I.O.O.F. Records, Liberty, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ~~Pneumonia~~ Influenza — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) with heart involvement — 8 days
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis 481X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Nov 1957, to Feb. 22 and last saw her alive on Feb. 22-58
Death occurred at 3:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Murff Gordon (Degree or title) MD
22b. ADDRESS Liberty Mo
22c. DATE SIGNED 2/24/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-25-58
23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cem.
23d. LOCATION (City, town, or county) Kansas City (State) MO

24. FUNERAL DIRECTOR D.W. Newcomers Sons ADDRESS 832 Armour Rd. N.K.C. Mo.
25. DATE RECD. BY LOCAL REG. 2-28-58
26. REGISTRAR'S SIGNATURE Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Dr. Goodson M.D.
Liberty, Mo

RECEIVED
MAR 3 1956
CLAY CO. HEALTH CENTER

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 Glenn H. Hill

Licensed Embalmer No. 4586

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.