

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005873
STATE FILE NUMBER
1026

FILED MAR 13 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Wyandotte</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i> <i>915th St</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Haven Manor Rest Home</i>		d. STREET ADDRESS (If outside, give location) <i>2706 Garfield</i>	
Length of stay in lb <i>1 mo.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on-Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <i>Tillie Stemen</i>			4. DATE OF DEATH <i>Feb. 24, 1958</i>		
First Middle Last			Month Day Year		

5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>10-14-81</i>	9. AGE (In years last birthday) <i>76</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Jersey City, N. J.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>
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13a. FATHER'S NAME <i>Louis Reinhardt</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Smith</i>	14. NAME OF HUSBAND OR WIFE <i>Harry G. Stemen-dec.</i>
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT Address <i>Mrs. Myrtle Dickson, Overland Park, Ks</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumo-pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>?</i> <i>4 1/2</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>arteriosclerotic heart disease</i>	
	DUE TO (c)	
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"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <i>2-20-58</i> to 2-24-58 <i>2-24-58</i> and last saw her alive on <i>2-24-1958</i> Death occurred at <i>3:30</i> <i>P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>P.M. Nunn M.D.</i>	22b. ADDRESS <i>1401 SW Blvd</i>	22c. DATE SIGNED <i>2-25-58</i>
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23a. BURIAL, CREMATION, (REMOVAL Specify) <i>burial</i>	23b. DATE <i>2/26/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Maple Hill Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Kansas</i>
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24. FUNERAL DIRECTOR ADDRESS <i>R. A. Fulton, Kansas City, Kansas</i>	25. DATE RECD. BY LOCAL REG. <i>2-25-58</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

P. M. Nunn

Doctor, coroner, etc. must use only standard nomenclature pertinent to all diseases in Part I must be causally related.

3526 Walnut

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 *Ralph Fulton*
R. A. Fulton

Licensed Embalmer No. *3503*

P. O. Address *Kansas City, 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.