

23  
Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018528  
STATE FILE NUMBER  
2285

FILED MAY 23 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2285

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital #1</b>		d. STREET ADDRESS <b>476 Highland</b>	

3. NAME OF DECEASED (Type or print) First <b>Estella</b> Middle <b>P.</b> Last <b>Starner</b>			4. DATE OF DEATH Month <b>5</b> Day <b>3</b> Year <b>1958</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>1-1-1905</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>3</b>	IF UNDER 24 HRS. Hours <b>3</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assistant Nursing</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>St. Luke's Hosp</b>	11. BIRTHPLACE (City and state or country) <b>Schell City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Benj. A. Wagoner</b>	13b. MOTHER'S MAIDEN NAME <b>Mary A. Osborn</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>500-40-1654</b>	17. INFORMANT <b>Pearl Wagoner</b> Address <b>1816 Linwood Blvd.</b>
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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) <b>Lobar pneumonia - left lower lobe</b>		INTERVAL BETWEEN ONSET AND DEATH <b>241 h</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <b>Emphysema and fibrosis</b> DUE TO (c) <b>Asthma</b>		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	

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 <b>1:30</b> Month, Day, Year	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 <b>Schell City, Missouri</b>
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21. I attended the deceased from <b>5-1-58</b> to <b>5-3-58</b> and last saw her alive on <b>5-3-58</b> Death occurred at <b>1:30</b> P m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>B. I. Burns M.D.</b> (Degree or title)	22b. ADDRESS <b>General Hospital No. 1</b>	22c. DATE SIGNED <b>5-5-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>5-5-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove</b>	23d. LOCATION (City, town, or county) (State) <b>Schell City, Missouri</b>
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24. FUNERAL DIRECTOR <b>Stine &amp; McClure Undertaking Co, KC</b>	25. DATE RECD. BY LOCAL REG. <b>Mo. 5-5-58</b>	26. REGISTRAR'S SIGNATURE <b>neva minshall</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.  
B. I. Burns

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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 *Eugene J. ...* .....

Licensed Embalmer No. *4633* .....  
P. O. Address *...* .....

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.