

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018538

STATE FILE NUMBER

FILED MAY 29 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2385

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 2210 Indiana		Length of stay in lb) 48 yrs.	d. STREET ADDRESS 2210 Indiana		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JESSIE LOU STOCKBRIDGE			4. DATE OF DEATH Month Day Year May 10, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 26, 1887	9. AGE (In years last birthday) 70 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 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 Home	11. BIRTHPLACE (City and state or country) LaCygne Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME George Robert Grisham		13b. MOTHER'S MAIDEN NAME Elizabeth Weech		14. NAME OF HUSBAND OR WIFE William M. Stockbridge	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 499-07-4633-B	17. INFORMANT Address Mrs. Marie Wagner 2220 Indiana K. C.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage today; previous attack about 12 months ago.					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					331 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of the left hip.					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell backward against a door in her home.		20c. TIME OF INJURY Hour 7:30 p.m. Month 5 Day 23 Year 57			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In her home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson Missouri	
21. I attended the deceased from 11-7-45 to 5-10-58 and last saw her alive on 2-25-58 Death occurred at 7:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Ralph Perry M.D.			22b. ADDRESS 4800 E. 24th Street		22c. DATE SIGNED 5-10-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/12/58	23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		23d. LOCATION (City, town, or county) (State) LaCygne Kansas
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Funeral Home Woodland-Linwood		25. DATE RECD. BY LOCAL REG. 5-10-58	26. REGISTRAR'S SIGNATURE Neva Minshall		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Ralph Perry

All diseases in Part I must be causally related.

Dr Ralph Perry
4800 E. 24
Be. 1-5949
2PM-4PM - SAT.

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 John DeMar, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed [Signature]
Licensed Embalmer No. 279

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.