Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021051
STATE FILE NUMBER 694

FILED JUL 7 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo.Meth.Hosp. — Length of stay in 1b: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Doniphan
c. CITY OR TOWN: Highland 8150 8 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: IVA Middle: MERRITT Last: STILES

4. DATE OF DEATH Month Day Year: June 28, 1958

5. SEX: male **6. COLOR OR RACE:** white **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: May 23, 1879 **9. AGE** (In years last birthday): 79 — 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): Ret. employee
10b. KIND OF BUSINESS OR INDUSTRY: Street Railway
11. BIRTHPLACE (City and state or country): Page County, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Isaac Stiles
13b. MOTHER'S MAIDEN NAME: Anna McElhaney
14. NAME OF HUSBAND OR WIFE: Edith Pearl

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.: 514-09-0075
17. INFORMANT Address: Mrs. Iva M. Stiles, Highland, Kansas

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebro-vascular Accident	20 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Carcinoma of the Lung	Unknown
DUE TO (c)	163X	

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 [ ] NO [X]

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

All diseases in Part I must be causally related.

21. I attended the deceased from June 23, 1958, to June 28, 1958 and last saw him alive on June 28, 1958
Death occurred at 5:15p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Allen Inderman M.D.
22b. ADDRESS: 706 Francis St, Joseph, Mo.
22c. DATE SIGNED: 6-30-58

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 6/29/1958
23c. NAME OF CEMETERY OR CREMATORY: Denton Cemetery
23d. LOCATION (City, town, or county) (State): Denton, Kansas

24. FUNERAL DIRECTOR: Heston-Bowman ADDRESS: St.Joseph,Mo.
25. DATE RECD. BY LOCAL REG.: June 30, 1958
26. REGISTRAR'S SIGNATURE: Mrs. Clark Hodell

(Licensed Embalmer's Statement on Reverse Side)

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address 3195 10th St Joseph

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.