

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032059
STATE FILE NUMBER

FILED OCT 1 1958 Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Excelsior Springs 6002 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 106 Saratoga		Length of stay in lb 12 years	d. STREET ADDRESS (If outside, give location) 106 Saratoga Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Geneva Middle Faye Last Stucker			4. DATE OF DEATH Month September Day 22 Year 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 November 2, 1927	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months 0 Days 0
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) Richmond, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Blair		13b. MOTHER'S MAIDEN NAME Maude Thompson		14. NAME OF HUSBAND OR WIFE Don Keith Stucker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 497-26-6086	17. INFORMANT Address Mr. Don Stucker, Excelsior Springs, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) toxemia		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) lymphatic carcinoma of right leg.	6-7 mos.
	DUE TO (c) blood clot	8 mos.
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.)	
20c. TIME OF INJURY Hour 10 p.m. Month, Day, Year	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

21. I attended the deceased from Death occurred at 10 P.M. Sept. 21, 1958 to Sept. 22, 1958 and last saw her alive on Sept. 21, 1958 on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>[Signature]</i> M. D.	22b. ADDRESS Excelsior Springs, Mo.
22c. DATE SIGNED 9-24-58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-25-58	23c. NAME OF CEMETERY OR CREMATORY Woodland cemetery	23d. LOCATION (City, town, or county) (State) Richmond, Missouri
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24. FUNERAL DIRECTOR'S ADDRESS Prichard Funeral Home, Inc. Excelsior Springs, Missouri	25. DATE RECD. BY LOCAL REG. 9/22/58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. 300
1-57



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 Van Landingham*

Licensed Embalmer No. *4009*

P. O. Address *Helena Springs, 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.