

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033123

STATE FILE NUMBER

SEP 30 1958 Registration District No. 146 Primary Registration District 3026 Registrar's No. 405

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) TOWN INDEPENDENCE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN INDEPENDENCE 9005 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION SANITARIUM		Length of stay in lb 1 WIC	d. STREET ADDRESS (If outside, give location) 1300 WEST LEXINGTON Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED First Middle Last  
STELLA ELIZABETH CARL

4. DATE OF DEATH Month Day Year  
SEPT. 20. 1958

5. SEX FEMALE  
6. COLOR OR RACE White  
7. MARRIED  NEVER MARRIED   
WIDOWED  DIVORCED   
8. DATE OF BIRTH Aug. 4, 1880  
9. AGE (In years) 78  
FUNDER 1 YEAR Months 7 Days 17 Hours Min.

10. USUAL OCCUPATION (Give kind of work done during working life, even if retired)  
MUSIC TEACHER

11. BIRTH PLACE (City and state or country)  
GRAND ISLAND, NEBRASKA

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME John W. Bartholomew  
13b. MOTHER'S MAIDEN NAME NETTIE Wopst  
14. NAME OF HUSBAND OR WIFE Wilkies F. CARL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none  
16. SOCIAL SECURITY NO. none  
17. INFORMANT Wilkies F. CARL  
Address INDEPENDENCE, 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) Coronary Thrombosis =  
myocardial infarction  
DUE TO (b) Cerebral Hemorrhage  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 4201  
INTERVAL BETWEEN ONSET AND DEATH  
Sudden death  
7 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Hypertensive Cardiovascular Disease  
19. WAS AUTOPSY PERFORMED? YES  NO  2

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 .Month, Day, Year  
a.m. p.m.

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

21. I attended the deceased from 9/14/58 to 9/21/58 and last saw her alive on 9/20/58  
Death occurred at 12:00 midnight m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas. Grabeke, M.D.  
22b. ADDRESS Independence, Mo.  
22c. DATE SIGNED 9-22-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
23b. DATE 9-23-58  
23c. NAME OF CEMETERY OR CREMATORY Morningside Indep.  
23d. LOCATION (City, town, or county) (State) Indep. Mo.

24. FUNERAL DIRECTOR Address  
25. DATE RECD. BY LOCAL REG. 9-23-58  
26. REGISTRAR'S SIGNATURE

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

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 *Roland B. Speake*  
Licensed Embalmer No. *3604*  
P. O. Address *Indip M.*

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.