

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040213
STATE FILE NUMBER

FILED NOV 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5143

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 Psychiatric Hosp.		Length of stay in lb 10 yrs	d. STREET ADDRESS (If outside, give location) 3525 Askew Ave. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Hattie Middle Stampley Last			4. DATE OF DEATH Month 10 Day 26 Year 58
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-10-1899
9. AGE (In years less birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	11. BIRTHPLACE (City and state or country) Mississippi
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Frank Bause	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Julius Stampley	
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. 428-40-2342	17. INFORMANT Frank Brinkley Address 3525 Askew Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism DUE TO (b) Phlebothrombosis (right lower limb) DUE TO (c) Myocardial infarction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Involuntal Psychotic Reaction (Depression)			INTERVAL BETWEEN ONSET AND DEATH 15 minutes undetermined about 1 week
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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Oct. 7, 1958 and last saw her Oct. 26, 1958 Death occurred at 7:30 p.m. October 26, 1958 and last saw him alive on Oct. 26, 1958 on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE [Signature] (Degree or title) Resident Physician	
22b. ADDRESS Psychiatric Receiving Center		22c. DATE SIGNED Oct. 27, 58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
Burial		Oct. 30, 58	
23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn		23d. LOCATION (City, town, or county) Kansas City, Mo. (State)	
24. FUNERAL DIRECTOR Manlove & Williams		ADDRESS 1729 Lydia	
25. DATE RECD. BY LOCAL REG. 10-30-58		26. REGISTRAR'S SIGNATURE [Signature]	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. Y. Tsai

All diseases in Part I must be causally related.

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A

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 *D. J. Manlove*

Licensed Embalmer No. *3924*

P. O. Address *3712 E 30th*

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.