Health, & Welfare Public Service

. 300
1-57 D

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-040223
STATE FILE NUMBER

FILED DEC 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5487

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hosp — Length of stay in Ib 25 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No
d. STREET ADDRESS 2800 Raytown Rd. (If outside, give location) — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First RALPH Middle W Last STOUTSENBERGER
4. DATE OF DEATH Month 11 Day 18 Year 1958
5. SEX M
6. COLOR OR RACE W
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH 12 30 1908
9. AGE (In years last birthday) 49
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) Shipping Clerk
10b. KIND OF BUSINESS OR INDUSTRY Peppard Seed Co
11. BIRTHPLACE (City and state or country) Adrian, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A
13a. FATHER'S NAME William H. Stoutsenberger
13b. MOTHER'S MAIDEN NAME Minerva Redfield
14. NAME OF HUSBAND OR WIFE Charlene M.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or Unknown) Yes (If yes, give war or dates of service) W W II #2
16. SOCIAL SECURITY NO. 495 05 4593
17. INFORMANT Mrs. Charlene M. Stoutsenberger Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) Multiple Myeloma, plasma cell type
INTERVAL BETWEEN ONSET AND DEATH: 3 months
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

21. I attended the deceased from 8/8/58, to 11/18/58 and last saw ~~her~~ him alive on 11/18/58
Death occurred at 6:19 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. Underwood (Degree or title) M.D.
22b. ADDRESS 5100 E. 24th K.C. MO
22c. DATE SIGNED 11/19/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-21-1958
23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR Floral Hills Memorial Chapels, Inc ADDRESS
25. DATE RECD. BY LOCAL REG. 11-20-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. A. Underwood

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. D. Nofsinger

Licensed Embalmer No. 3938

P. O. Address K. C. 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.