

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044415
STATE FILE NUMBER
5957

FILED JAN 5 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5957

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 812, BENTON		d. STREET ADDRESS (If outside, give location) 812, Benton	
Length of stay in 1b 11 Months		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ADDIE STOGSDILL STOGSDILL			4. DATE OF DEATH Month Day Year DEC, 16, 1958		
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5. SEX 1 EMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT, 3 1886	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator, Piper Brace Co.	10b. KIND OF BUSINESS OR INDUSTRY LEAVENWORTH, KANSAS	11. BIRTHPLACE (City and state or country) U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HENRY DeKENT	13b. MOTHER'S MAIDEN NAME ROSA BITTNER	14. NAME OF HUSBAND OR WIFE WILLIAM A. STOGSDILL, (DEC)
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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. 487, 09, 3455	17. INFORMANT Address Mrs. HELEN HUNT, LINCOLN MO, R#2
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia terminal			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) Cerebral Vascular Accident		4 days
	DUE TO (c) Hypertensive heart disease - Generalized		?
PART II. OTHER SIGNIFICANT CONDITION Fractured left hip			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.) 453*
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20c. TIME OF INJURY Hour a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 1-28-58 to 12-16-58 and last saw her alive on 12-15-58 Death occurred at 6 hr m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE J. M. Haight (Degree or title) 0	22b. ADDRESS 3401 E 12th KC. Mo	22c. DATE SIGNED 12-16-58
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23a. BURIAL, CREMATION, REMOVAL, SPECIFY BURIAL	23b. DATE 12/18/58	23c. NAME OF CEMETERY OR CREMATORY MINNIEVILLE CEMETERY	23d. LOCATION (City, town, or county) (State) MINNIEVILLE, MO.
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24. FUNERAL DIRECTOR D. W. NEWCOMERS, NO. KANSAS CITY, 16 MO.	25. DATE RECD. BY LOCAL REG. 12-16-58	26. REGISTRAR'S SIGNATURE Nevar Minshall
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(Licensed Embalmer's Statement on Reverse Side)

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. M. Haight

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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 *John Walsbeck*

Licensed Embalmer No. *4949*

P. O. Address *No. Kansas City*

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.