

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001539

STATE FILE NUMBER

Filed JAN 28 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 286

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bre-Ton Nursing H.</b>		Length of stay in lb. <b>58 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>206 West 62nd Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>CLARENCE H. STEMMONS</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>13th</b> Year <b>1959</b>		
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5. SEX <b>D</b> <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 20, 1874</b>	9. AGE (In years last birthday) <b>84</b>	10. FUNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Manufacturer Arch Supports</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Arch Supports</b>	11. BIRTHPLACE (City and state or country) <b>Avilla, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John J. Stemmons</b>	13b. MOTHER'S MAIDEN NAME <b>Delia Hall</b>	14. NAME OF HUSBAND OR WIFE <b>Della Stemmons</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>488-36-0608</b>	17. INFORMANT <b>Mrs. Della Stemmons</b> Address <b>206 W. 62nd St.</b>
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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) <b>Pulmonary edema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1/2 hr.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerotic Cardiac Disease</b>	<b>5 yrs</b>
	DUE TO (c) <b>Arteriosclerosis Gen.</b>	<b>10 yrs</b>

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"/>
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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.)
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20c. TIME OF INJURY Hour <b>10:40</b> Month <b>Jan</b> Day <b>13</b> Year <b>1959</b> a.m. <b>p.m.</b>	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 <b>Kansas City</b>	COUNTY <b>Missouri</b>	STATE
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21. I attended the deceased from <b>1950</b> to <b>Jan 13, 1959</b> and last saw him alive on <b>Jan 12, 1959</b> Death occurred at <b>10:40 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>John R. Whitman</b> (Degree or title)	22b. ADDRESS <b>6314 Brookside Plaza</b>	22c. DATE SIGNED <b>1-14-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 16, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b>	23d. LOCATION (City, town, or County) (State) <b>Kansas City, Missouri</b>
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24. FUNERAL DIRECTOR <b>FREEMAN MORTUARY, Kansas City, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>1-15-59</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>
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All diseases in Part I must be causally related. John R. Whitman, M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION

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HI. 4-6609  
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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 *Clayton K. Barnes*

Licensed Embalmer No. *4793*  
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.