Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005911
STATE FILE NUMBER 440

FILED FEB 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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: V A HOSPITAL — Length of stay in 1b: 6½ months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: Lenox
c. CITY OR TOWN: BROOKFIELD — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: JESSE Middle: R. Last: STUFFLEBEAN

4. DATE OF DEATH Month Day Year: January 20, 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH: August 19, 1889

9. AGE (In years last birthday): 69 — 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): unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Sullivan County, Missouri

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

13a. FATHER'S NAME: Isaac Stufflebean

13b. MOTHER'S MAIDEN NAME: Amanda Burger

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 488 14 5025

17. INFORMANT Address: VA Hospital Official Records, K. c. Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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): Pulmonary congestion and edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Arteriosclerotic heart disease
INTERVAL BETWEEN ONSET AND DEATH

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 [X] NO [ ]

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 VA [ ] 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 July 6, 1958, to January 20, 1959 and last saw him on
Death occurred at 4:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. A. Turner, M.D.

22b. ADDRESS: VA Hospital, Kansas City, Mo.

22c. DATE SIGNED: 1-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: JAN. 26. 1959

23c. NAME OF CEMETERY OR ~~CREMATORY~~: NATIONAL CEMETERY

23d. LOCATION (City, town, or county) (State): Ft. LEAVENWORTH KANSAS

24. FUNERAL DIRECTOR ADDRESS: D. W. NEWCOMER'S SONS, 1331 BRUSH CREEK, KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.: 1-23-59

26. REGISTRAR'S SIGNATURE: Neva Meriohall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 Chester K Brown

Licensed Embalmer No. 493

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.