

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009677  
STATE FILE NUMBER

1435

APR 2 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1435

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) 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 3637 AGNES AVE	Length of stay in 1b 40 years	d. STREET ADDRESS (If outside, give location) 3637 AGNES AVE	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CARROLL CHARLES STENTZ			4. DATE OF DEATH Month Day Year MAR. - 16 - 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 6, 1881		9. AGE (In years, months, days) 77 1/2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Wholesale		10b. KIND OF BUSINESS OR INDUSTRY Broker	11. BIRTHPLACE (City and state or country) Knoxville, Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John STENTZ		13b. MOTHER'S MAIDEN NAME Alice Hanks		14. NAME OF HUSBAND OR WIFE CORA MAE STENTZ	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES SPANISH-AMERICAN		16. SOCIAL SECURITY NO. -		17. INFORMANT CORA MAE STENTZ - 3637 AGNES AVE, KANSAS CITY, MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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"/>

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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE	

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 12:08 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens		22b. ADDRESS 1034 Crestwood Bldg		22c. DATE SIGNED 3-17-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Mch. 18, 1959		23c. NAME OF CEMETERY OR CREMATORY -	
23d. LOCATION (City, town, or county) Pueblo		23e. STATE Colorado			

24. FUNERAL DIRECTOR 153 BRUSH CREEK BLVD. D.W. NEWCOMERS SONS - KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 3-18-59		26. REGISTRAR'S SIGNATURE Irene Marshall	
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(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  
MEDICAL CERTIFICATION  
Hugh H. Owens

300  
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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 *Basil P. Honey* .....

Licensed Embalmer No. *4729* .....

P. O. Address *RC, W* .....

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.