

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021713

FILED JUN 17 1959

Registration District No. _____

149

Primary Registration District No. _____

1002

STATE FILE NUMBER _____

2717

Registrar's No. _____

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) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Raytown Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp.		Length of stay in lb 1 yr 2 wks.	d. STREET ADDRESS 10401 East 69th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Marie Middle Stiles Last Stiles			4. DATE OF DEATH Month June Day 1 Year 1959
5. SEX Female	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 Mar. 6, 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) KANSAS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME EDWARD HARPER		13b. MOTHER'S MAIDEN NAME LORA GARRISON	14. NAME OF HUSBAND OR WIFE William E. Stiles
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. 497 44 5805	17. INFORMANT WILLIAM E. STILES Address Raytown, 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) Uremia			INTERVAL BETWEEN ONSET AND DEATH 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Polycystic disease of kidneys			all life.
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 checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 Raytown	COUNTY MO. STATE MO.
21. I attended the deceased from November 1958 to June 1st 1959 and last saw her alive on June 1st 1959 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wm. E. Stiles (Degree or title)		22b. ADDRESS Raytown Clinic, Raytown, Mo.	22c. DATE SIGNED 6-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE June 2, 1959	23c. NAME OF CEMETERY OR CREMATORY OSCEOLA CEM	23d. LOCATION (City, town, or county) (State) OSCEOLA MO.
24. FUNERAL DIRECTOR D. W. Newcomers Sons Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 6-2-59	26. REGISTRAR'S SIGNATURE neva minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

W. Y. E. bank

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 *James W. Hoover*

Licensed Embalmer No. *4889*

P. O. Address *70, 710*

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.