

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021716

STATE FILE NUMBER 3152

FILED JUL 13 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3152

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 Kansas City 3448
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7903 Charlotte		Length of stay in 1b 44 Years	d. STREET ADDRESS (If outside, give location) 7903 Charlotte
3. NAME OF DECEASED (Type or print) AMALIA		First Middle Last STUCKERT	4. DATE OF DEATH Month June Day 26 Year 1959
5. SEX Female	6. COLOR OR RACE Cauc.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 7, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Russia 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Fredrick Brestel		13b. MOTHER'S MAIDEN NAME Huffman	14. NAME OF HUSBAND OR WIFE Samuel Stuckert (Deceased)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Walter Foley, 7903 Charlotte, K.C. 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) Metastatic Carcinoma primary			INTERVAL BETWEEN ONSET AND DEATH 4 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) rate not known			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1992			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 _____ 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 COUNTY STATE
21. I attended the deceased from 1958 to 6-26-59 and last saw her/him alive on 5-31-59 Death occurred at 6-26-59 7 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Mark Dodge MD		22b. ADDRESS K.C., Mo	22c. DATE SIGNED 6-27-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 29, 1959	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR ADDRESS Muehlebach 6800 Troost		25. DATE RECD. BY LOCAL REG. 6-27-59	26. REGISTRAR'S SIGNATURE Irene Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Mark Dodge

All diseases in Part I must be causally related.

Dr. ROBINSON (A.W.)
St Lukes Hosp

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 R.E. Nichols

Licensed Embalmer No. 4997
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.