

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-025447

FILED JUL 17 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER Registrar's No. 3217

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. 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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke		Length of stay in lb. 43 yrs	d. STREET ADDRESS 5449 Woodland Rd. The Woodlands
3. NAME OF DECEASED (Type or print) First Middle Last May P. Staples			4. DATE OF DEATH Month Day Year 6/28/59
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-15-1877
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 82
11a. FATHER'S NAME Garland S. Prior		13b. MOTHER'S MAIDEN NAME Sandra Garrett	12. CITIZEN OF WHAT COUNTRY? U.S.A
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. none	14. NAME OF HUSBAND OR WIFE Leonard C. Staples
17. INFORMANT Henry P. Clark 6561 Valley Rd			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Arteriosclerotic heart dis with probable ventricular fibrillation.
18. CAUSE OF DEATH (continued) 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) Fracture L. hip - 6 wks duration 4200F			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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 8:30 1950 to June 28 59 and last saw her alive on June 28, 59 Death occurred at 8:30 pm. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M.D. Henry M.D. Plaza Med Bldg Kansas City 1270		22b. ADDRESS 1270 Plaza Medical Bldg Kansas City 1270	
22c. DATE SIGNED June 29, 59		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-30-59	
23c. NAME OF CEMETERY OR CREMATORY West View Cemetery		23d. LOCATION (City, town, or county) (State) Atlanta, Georgia	
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo		25. DATE RECD. BY LOCAL REG. 6-30-59	
26. REGISTRAR'S SIGNATURE new minshall			

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1-57

M. G. Berry USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1:00-5 p.m.
2

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 *William M. Turner*

Licensed Embalmer No. *4648*
P. O. Address *.....*

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.