

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028373

FILED VS AUG 17 1959

Registration District No. 30 Primary Registration District No. 5179 Registrar's No. 35

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Camden				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Camden			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage		Length of stay in 1b 1 1/2 yrs		c. CITY OR TOWN Camdenton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At-Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Lake Road 32 B.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Leslie Middle Lawrence Last Stackhaus				4. DATE OF DEATH Month August Day 15 Year 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 11-21-93	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months 8 Days 24 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Watchman		10b. KIND OF BUSINESS OR INDUSTRY Amour & Co.		11. BIRTHPLACE (City and state or country) Walker Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James O. Stackhaus			13b. MOTHER'S MAIDEN NAME Mary S. Jackson		14. NAME OF HUSBAND OR WIFE Marie Stackhaus		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I			16. SOCIAL SECURITY NO. 510-05-5688	17. INFORMANT Address Marie Stackhaus, Camdenton Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Acute myocardial failure						Acute	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic pleural effusion						Chronic	
DUE TO (c) Metastatic carcinomatosis, primary site right lung							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 September 10, 1958 to August 15, 1959 and last saw her August 14, 1959 Death occurred at 1:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Leslie Lawrence Stackhaus</i>				22b. ADDRESS Camdenton, Missouri		22c. DATE SIGNED 8-15-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 18-1959	23c. NAME OF CEMETERY OR CREMATORY Kansas City Kans. Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas			
24. FUNERAL DIRECTOR Reed Funeral Home, Camdenton Mo			ADDRESS	25. DATE RECD. BY LOCAL REG. Aug. 10-1959	26. REGISTRAR'S SIGNATURE <i>Zilpha J. Inaw</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 4 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert N Reed

Licensed Embalmer No. 3740

P. O. Address Camden N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.