

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-029332**

FILED VS SEP 14 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4183 STATE FILE NUMBER

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>                          |  | c. CITY OR TOWN <b>Kansas City</b>   |  |
| Length of stay in 1b <b>35 yrs.</b>  |  | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Hyde Park Home 401 E. 30th</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>1025 Bales</b>   |  |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |

|  |                                  |   |  |   |  |
|--|----------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Frieda</b> Middle <b>M.</b> Last <b>Stinson</b>                  |                                  |   | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>26</b> Year <b>1959</b> |   |  |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>4-11-1889</b>                                   | 9. AGE (last birthday)<br><b>70</b>                                 | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>seamstress</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>clothing store</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Barnumton, Mo.</b> |  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>   |                                  | 13a. FATHER'S NAME<br><b>Ernst Mickal</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Pauline Nepple</b>                  |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Robert T. Stinson</b>  |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>                                       |  | 16. SOCIAL SECURITY NO.<br><b>486-03-5919</b>                       |  |
| 17. INFORMANT<br><b>Kenneth Stinson</b>  |                                  | Address <b>12936 Lydia</b>  |  | <b>Grandview, Mo.</b>   |  |

|   |  |  |
|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerosis, stroke, cerebral</b> |  | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>accident years ago.</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)   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|   |   |  |              |
|---|---|--|--------------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input 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<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.<br>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 4-10-57 to 8-22-59 and last saw her/him alive on 8-22-59  
Death occurred at 8:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                                |  |  |                                    |
|--|--------------------------------|--|--|------------------------------------|
| 22. SIGNATURE<br><b>Don E. Peete</b> (Degree or title) <b>M.D.</b> |                                | 22b. ADDRESS<br><b>1500 Prof. Bldg.</b>              |  | 22c. DATE SIGNED<br><b>8-27-59</b> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>         | 23b. DATE<br><b>8-28-59</b>    | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Elmwood</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Mo.</b> |                                    |
| 24. FUNERAL DIRECTOR<br><b>Wilks Funeral Home</b>                  | ADDRESS<br><b>2315 Linwood</b> | 25. DATE RECD. BY LOCAL REG.<br><b>8-27-59</b>       | 26. REGISTRAR'S SIGNATURE<br><b>Neva Marshall</b>                        |                                    |

DOCUMENT

BY AFFIDAVIT OF Don C. Peete / J. Har Medical Certification

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Chas E Wilks

Licensed Embalmer No. 2644  
P. O. Address Hemo

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